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VOL. XIII.] WEDNESDAY, AUGUST 12, 1835. [NO. 1.

BIOGRAPHICAL NOTICE OF THE LATE J. GREELY STEVENSON, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

"Died, June 5th, 1835, at the White Sulphur Springs, Virginia, J. G. Stevenson, M.D. aged 36." This short sentence contains matter of deep interest alike to many friends, and to the public. In the death of Dr. Stevenson his friends have lost one whom they honored and loved; the public have lost a useful citizen. He would have asked no other memorial than this. He would have been satisfied to have known that he had been thought in any sense faithful to his public and to his private duties. He was singularly averse to all such display as has for its end to draw particular attention to the individual, and still he was constantly directing his mind to what would be widely felt. He was strictly a professional man, a studious and practical physician; but the very offices which these relations involve were always bringing before him matters of various and important concern, and about these he labored to acquire accurate information, and carefully laid up what he learnt, to be beneficially used as opportunity might allow. This interest in what was personal to himself, belonging to his daily occupations, and in what was of a more strictly public nature, was always apparent to those who were at all intimate with him. They saw in him a strong and active interest in present objects, and a preparation steadily acquiring strength for the future. The story of such a life is soon told. But its elements are too interesting to be passed over in a simple enumeration of them. The memory of such a character is good for those who cherish it; and friendship asks to make a record of it in the hope that the good of others may be promoted, while it is indulged in paying its last melancholy tribute.

J. Greely Stevenson was born in Boston, March 28th, 1799. Having received his preparatory education in the Public Writing, Grammar and Latin School of his native town, he was entered at Harvard in 1812, being 13 years of age. He graduated in 1816, and began the study of medicine under the direction of the late Dr. John Gorham. The friendly and affectionate interest taken by Dr. Gorham in his pupil continued unabated to his death, and on that event many of those who had been under his professional care, transferred their confidence at once to his pupil, who retained it undiminished during his life. In memory of his deeply valued instructor, Dr. Stevenson gave to his eldest son his name.

In 1817, Dr. Stevenson was appointed tutor in the Latin School, and very soon succeeded to the place of sub-master. During this time he continued his professional studies. He went to England in May, 1824, and remained abroad till November, 1825, visiting France and Italy.

His health had become impaired by a very sedentary life, and in going to Europe he looked for and found among rare opportunities for acquiring knowledge, the means of re-establishing his health. He graduated Doctor in Medicine in Harvard University, February, 1826. The thesis he read and defended on this occasion was on the "Theory of Disease."

From this time we find him actively engaged in the duties of his profession. He was chosen one of the physicians of the Boston Dispensary when fewer physicians than now held the office at the same time, and when of course the practice in this most excellent charity was much more extensive and arduous to the medical officers than it is at present. He prized the advantages offered him by the Dispensary very highly, and long after he had left it, he continued his gratuitous services to many who had been his patients on the charity. The estimation in which he was held in this institution is fully shown by his being appointed one of its Directors. His services in the public school were not forgotten in his after life, when the maturity of his judgment and the great accuracy of his views on all matters of his regard, could be made useful in their application to our system of education. He was chosen one of the School Committee, and devoted to this important office all the time and labor his other duties allowed.

It is in the memory of all, that wherever cholera has first appeared, it has brought alarm and panic with it. As soon as it has touched a country or a continent, dismay has manifested itself. Distance is felt to be no security against its invasions, and death has been in its whole career. In view of these facts it occurred to Dr. Stevenson that great good might be done by an association which should combine numbers, great numbers, and of all classes and of all professions, for the simple and pledged purpose to assist each other in case the disease appeared here, and to offer their aid to the whole community. He talked with some friends upon this subject. The plan was well received, and the *Relief Society* was organized. The city was divided into convenient departments—committees appointed over these—and under the direction of these were placed all the members residing in the several districts, the committees having had granted to them the fullest powers in disposing of individuals just as the circumstances of cases might demand. The effect of all this was truly good. The disease came, and at first it attacked some numbers, but never many ; but these had the constant care of judicious individuals anxious at all hours to render them most useful assistance. A sense of security came thus to be imparted to the whole community, and this was doubtless among the causes that prevented a wider spread of the desolating epidemic.

Another institution which owed its origin to Dr. Stevenson, and which was earlier in time than the last, was the *Society for the Diffusion of Useful Knowledge*. For many years lectures from learned men, on a great variety of topics, have been given before this Society under the direction of its officers, and the public interest in them has been kept up. Its publications have been very useful. It adopted the plan of rendering its instructions easily accessible to all classes, by making the expense of attending on them very small, and this has been followed by succeeding associations. The direct agency of Dr. Stevenson in forming this society, and in aiding to continue its operations through its whole history, deserves a distinct and honorable mention among his efforts for advancing the public good.

To the cause of *Temperance* Dr. Stevenson devoted himself with the same zeal which marked his career in all good objects. He was early a member of our State Society, and for some years one of its Secretaries. Nothing but sickness ever kept him from the meetings of the Council. He was anxious that the wise and good of all he knew might lend their aid to this cause. In talking of it one day to a friend, he acknowledged that in looking back on what he had done, of a public nature, he thought his efforts for the *Temperance Reform* came to his remembrance as among those which he could find most pleasure in. The good done here he felt was a great and obvious good, and in the union of men of all countries and all classes, in this cause, he with all its friends looked for its sure success.

Dr. Stevenson died at an age when the individual, if ever, takes his place amongst men; when the mind manifests its power, and the conduct discovers to all the moral character of the individual. He had passed through the discipline which is the lot of self-dependence, and he had passed it honorably and successfully. He was not a man to regret that such had been his lot. Its discipline is severe, and the demands it makes great, and sometimes hard to be borne. Still he felt that in its path, however narrow, occasions were always to be met with which a man may make useful both to himself and others. The great opportunity for individual progress furnished by such a beginning of life, is the labor, the moral and intellectual labor, it imposes; and success comes to none with such deep, such true enjoyment, as to those who have been, through their whole course, the ministers to their own good progress. In our brief history of his life may be seen how successful he had been. Feeble health, which took him occasionally from necessary occupation, did not depress him. He submitted with almost unexampled cheerfulness to the painful and to the discouraging, and his efficiency always returned along with power.

Dr. Stevenson's character may be gathered from what has been narrated of him. But there were elements in it which claim to be more distinctly noticed. The first and most important of these was the love of truth. He held in abhorrence every form of untruth. However and wherever this was discovered by him, you saw how deeply it affected him. It shook his confidence in the moral nature, and rebuke, silent or openly declared, he always felt it to be his duty to express. With this supreme love of truth there was united what almost always accompanies it, a perfect absence of fear of the individual. Awe of man never entered into the great sentiment of benevolence with which he regarded all men. He possessed true moral courage. These elements, if existing alone, not rarely lead to the repulsive, and frequently the unamiable; but when combined with true kindness, form together the most perfect character. In Dr. Stevenson there was this union. Kindness was as much a part of him as any the strongest of his affections. It extended to everything which could feel its power. He considered kind doing, springing from the desire to promote good, an act of devotion. "When," said he one day, "I take my horse out of the hot sunshine into the shade, that I may add to his comfort, I feel as if I had offered devotion to God. What is it but an act of kindness, a form of love, and on what higher principle than benevolence can man's conduct rest ?" This simple anecdote is better than a whole history of character. This spirit of kindness was always with him. It manifested itself in early life. As one of the instructors in the Latin School, it gave to his conduct to his scholars what they never forgot. His requirements were distinctly declared, and rigidly enforced. He was as honest then, to himself and to others, as at the latest period of his life. But his native kindness was present with discipline, and however severe occasion might make this, the boys always loved while they respected him. Their attachment was declared by many acts when he was making his preparations for going to Europe. We hope we may be permitted to name one who never ceased in the recollection of his school days, to express his sincere respect and unabated affection for Dr. Stevenson, the late DR. JAMES JACKSON, JR. He felt the moral beauty of his character, and loved to dwell on the season he had passed under his instruction. He, too, is dead. He died in the earliest days of manhood, but his youth was as the ripeness of advanced life. Truly was knowledge gray hairs unto him, and his spotless life was old age.

Dr. Stevenson's mind was steadily and wisely cultivated. His early education was unusually accurate, and the foundation he then laid for classical learning served him in his later studies of ancient literature. His residence in France and Italy made him familiar with the language and writings of those countries, and he came to the study of his profession with a variety in his means of medical learning, which is not very common among our students. He was faithful to his advantages. He was always a student. He read medicine to the last, with his pen in his hand, and his manuscripts show how great was his industry. He took great delight in reading, and he had a remarkable facility in doing this, which enabled him to read a great deal in a short time. His memory was very retentive, and in giving accounts of books, quoting opinions of authors, and stating facts, the greatest accuracy was habitually shown. He had special dislike to exaggeration. His love of truth made everything like this offensive, and hence he was always ready, and happy to report things, whether facts, doctrines, or opinions, just as they were set down or met with, and for the most part in the language in which he had heard or read them. He was thus an industrious and faithful student. His judgment was excellent, and his strong, native understanding, peculiarly fitted him for the profession he had chosen. He collected its facts with great care, saw the differences of things, the true key to all knowledge, distinctly, and was thus enabled to form accurate diagnoses. His progress had begun to be rapid. He deserved the public confidence, and was receiving it, and the best prospects were before him of extensive and honorable professional reputation.

His intellectual and moral qualities, thus imperfectly sketched, were discoverable in his relations with others. In his intercourse with the sick his manner was simple, mild, dignified, and remarkably direct. In his directions to his patients these qualities were always strikingly displayed, so that no important mistake could arise as to the use of remedies by attendants, unless from great forgetfulness or carelessness. The deceptions which the infirmities of disease, the mistaken kindness or indulgence of friends, occasionally gave rise to, and which, though very rarely, proceed from worse motives, Dr. Stevenson always regarded as of too serious moment ever to be passed over unnoticed. At first he treated them mildly, but with such firmness of manner as to show what his thoughts of them were, and if persisted in, he ceased his attendance, and this sometimes at once, and without any remark. He felt that the contract which is tacitly entered into by the physician and patient, made up as it is of the rightful and necessary confidence which must subsist between them,—the belief that what is directed is wisely ordered, and the trust that it will be complied with,—he felt that this relation was severed when the rule was purposely departed from, more especially if the deviation had been concealed, and that he could no longer benefit his patient.

Dr. Stevenson's character was equally declared in his intercourse with society. His address was singularly attractive. This he owed to his moral habits, and his intellectual cultivation. These however were much aided by the benevolent expression of his countenance, and his finely toned voice. The writer speaking of him after the news of his death reached us, to one who had long known him, and whose opinions we all respect, having dwelt on what he thought his distinguishing traits for some time, the individual referred to, remarked, "What you say is all true. Dr. Stevenson was a 'gentleman,' and by this term I mean to express the combination of all the qualities, the kindness, the courtesy, the moral dignity, &c., which we have always found in him." This it was which secured to him the large good will and respect which he enjoyed. He made friends wherever he was, whether in Pisa, in Italy, where he resided some time, and formed friendships which outlived long absence and distance; or in the far south and west of our own continent, where he lately sought for means of renovated health, but where he found his distant grave. The casual companions of his journeyings soon became fond of him, and it is cause of the truest consolation to his friends to know that though so distant from them, in the last weeks and days of his life, he had the kindest attentions of those who travelled with him, when acute suffering and ultimately fatal illness asked those offices which those dearest to us have most power to bestow.

It was said that Dr. Stevenson discovered in early life a tendency to grave disease, but that this seemed to have passed away under the salutary uses of foreign travel. But he could never have been called perfectly healthy. He was apparently robust, and in full flesh, while his countenance was pallid, and more or less difficulty in breathing was produced in ascending heights and on quick motion. Still he kept on, faithful to duty, laboring in a field which required many sacrifices, but yielding to such a mind the most precious fruits. About two years ago he lost two children, his only sons. It hardly need be said how deeply afflictive these losses were. He braced himself up to duty in the midst and pressure of this accumulated sorrow, and grew firmer in the accomplishment of what was before him, by the discipline under which he so deeply suffered. It was thought however by those who most closely watched him, that he gradually lost health after these events. Perhaps failure had been longer making progress, and now declared itself with more power under the weight of trouble which came upon him. He made no complaint, and however ill and feeble he might look, always answered the inquiries about himself in a cheerful manner, declaring he felt quite well. This same indisposition to complain, to make painful demands on the sympathy of those around him, characterised his whole long illness, and did not desert him even in the day and the hour of death.

More than a year ago Dr. Stevenson was seized with an obscure disease, resembling in many of its symptoms continued fever, and having complicated with these others of less easily determined character. He was confined to bed some weeks, and during convalescence went from home, and continued in the country until health seemed tolerably restored. He however was never perfectly well after this. He suffered from severe pain, and at times great swelling of one of his legs. His stomach was frequently so irritable as not to tolerate food for a day or more, rejecting whatever might be taken, unchanged, and with hardly the least previous nausea. He had also headache at times, soreness of throat, and increasing difficulty of breathing, occasionally accompanied by cough. His nights were sleepless, and his days or most part of them filled up with professional, and not unfrequently hard labor. The winter passed by, and as the spring returned it was judged best by his medical advisers that he should leave home in this very harsh season in New England, and pass some months at the south. Under this advice he went to Charleston, S. Carolina. He gained nothing while there, and finding some of his complaints to be increasing, left Charleston for the White Sulphur Springs in Virginia. His journey was full of suffering. Dropsy, which had been confined to one limb, soon extended itself over the whole body. The difficulty of breathing amounted at times almost to suffocation. In his letters he sometimes spoke of his extreme suffering from this cause. But when he did so, and gave his symptoms in the fullest details, it was after such a manner that you might easily suppose he was stating professionally the case of somebody else, and not his own. So remarkable was this in his letters, that a friend in writing him remarked particularly upon it, and added that this gave him the strongest hope of his ultimate recovery.

His powers of mind remained unweakened to the very last. He was sitting up on the day of his death, and a friend seeing how exhausted he was, and believing from sure signs that he was dying, urged his lying down. He consented, but said he had no other reason for doing so than to gratify this friend. He had in fact that day spoken of making arrangements for proceeding in a carriage to a more elevated spot, where he thought he should certainly breathe more easily. He laid himself down on his bed, closed his eyes as for sleep, and never opened them again. His death came by approaches at last so gentle, that he knew not of its coming; and sunk into his everlasting rest, as tranquilly as if he only slept.

The following is the epitaph on his gravestone :—

"JONATHAN GREELY STEVENSON,
OF BOSTON.
Died 5th June, 1835.—Aged 36 Years.
Were his grave in his native city, it would require no epitaph.
The inscription of his name, there universally known, would suffice to tell, that beneath it repose the remains of a highly gifted, just and generous man,—a pre-eminently learned and skilful physician,—a most active and judicious philanthropist; and of a son, a husband, a father, a brother and a friend, than whom none was ever more devoted, or more devotedly beloved.
He lived in the exercise, and died in the hopes of the faith, that though 'the dust shall return to the earth as it was, the spirit shall return to God who gave it.'"

MEDICAL TREATMENT IN TYPHUS.

[We continue our extracts from Dr. Bigelow's Discourse, and present this week the remainder of his remarks on Typhus, begun in our last number.]

It must be allowed, that attacks of disease resembling those of typhus, sometimes speedily disappear during the use of remedies; but it is by no means certain that such cases are actually cases of typhus. The diagnosis of typhus, during the first day or two, is extremely difficult, its character being simulated by different febrile and inflammatory affections; so that if a patient, under the use of remedies, succeeds in avoiding protracted disease, we are not justified in saying that the disease he has escaped was typhus. Andral, whose experiments on the different modes of treatment in continued fever, are very extensive, has stated, that in a number of cases, observed by him, in which the fever was sufficiently intense, the disease ceased in twenty-four or forty-eight hours, without any treatment, except that of rest and regulated diet.

Moreover, in weighing the influence of treatment, it ought to be recollected that during the existence of any prevailing epidemic, mild cases, partaking of a similar character to that of the reigning disease, continually appear among the less susceptible part of the community. Thus cholera is attended by diarrhœa or cholerine, influenza by mild catarrh, smallpox by varioloid, scarlet fever by slight sore throats or ephemeral eruptions, &c. Now, although these cases are in reality modified examples of the grave diseases which they accompany, yet I believe that no well-informed physician will attribute the mildness or shortness of their character to his own particular practice.

On the other hand, it is certain that cases of real typhus do come under active treatment at an early stage, without being broken up, or disarmed of their appropriate consequences. This particularly happens, when the disease is endemic in families, so that successive cases begin, as it were, under the eye of the attending physician, who has every possible inducement to detect and prevent them, if he can. In such families, indeed, it will sometimes happen, that febrile attacks of different kinds, consequent upon fatigue and anxiety, and perhaps partaking of the typoid character, will take place among the friends and attendants of the sick; and these may disappear speedily, under rest and evacuations. But that grave and specific typhus will thus disappear, is a point of which we as yet want proof. That it sometimes fails to disappear, we have abundant proof.

Typhus has, in many respects, a marked affinity with the class of eruptive fevers, which are supposed to depend on a specific morbid poison, and which no one pretends to intercept, after the body has become infected with them. Scarlet fever and measles, for example, when once established, require a certain number of days to finish their course; so also does typhus. Scarlet fever and measles can, in most cases, be had but once during life; but to this general rule there are exceptions. The same is precisely true in regard to typhus. The contagiousness of scarlet fever is a point of dispute among physicians; and so is that of typhus. Scarlet fever is attended with an eruption on the skin. Typhus also has for one of its most constant symptoms a red, lenticular eruption, called by the French *taches*, consisting of a few, scattered, rose-colored pimples, appearing chiefly on the trunk, from about the sixth to the nineteenth day of the disease. There also occurs, in most subjects, a minute, vesicular eruption, called *sudamina*, about the neck and elsewhere. In scarlet fever, moreover, certain portions of the mucous membrane undergo morbid alterations, particularly on the tonsils, and other parts of the fauces, and these frequently degenerate into ulcers, affecting the subjacent textures. In like manner, in typhus, the mucous membrane of the glandular patches in the small intestines, which have been named after the anatomist Peyer, undergo morbid changes, and these changes are followed by ulcerations, and sometimes perforations, of the intestine. This fact, established by the researches of Louis and other pathologists in Paris, has been abundantly confirmed by post-mortem examinations made in this country during the last few years. If it be objected to the proposed classification of typhus, that the *taches* are sometimes few in number, or wholly absent; it is equally true, that the pustules of inoculated smallpox are likewise often very few, or absent, and that the eruption of scarlatina sometimes wholly fails to appear. The sore throat also in the latter disease is wanting, quite as often, to say the least, as the morbid affection of Peyer's glands.

Before quitting the subject of typhus, I beg leave to introduce the opinion of one or two medical writers, in regard to the possibility of interrupting or breaking up this disease by means of art. M. Louis, of whose researches in regard to typhus, it is but small praise to say, that they are more exact and comprehensive than those of any living writer, is of opinion that the disease cannot be thus intercepted. "Experience," says he, "has shown, that a well-marked typhoid affection is not capable of being broken up." To this testimony of one of the most eminent teachers in the French metropolis, it may not be amiss to add that of an American physician, whose opportunities for observing the disease in different parts of New England were extensive, and whose Essay on Typhus Fever well merits an attentive perusal. The late Dr. Nathan Smith, in the course of some remarks on the possibility of interrupting this disease at its commencement, observes, "During the whole of my practice I have never been satisfied that I have cut short a single case of typhus, that I knew to be such."

Having said thus much, I leave the subject of the tractability of typhus to the light of future investigation. It is but justice to state, that numerous and highly respectable authorities are declared in favor of the efficacy of art in shortening and mitigating this disease; and it will be a source of gratification to the friends of humanity and science, should it ultimately be settled that the active treatment now usually pursued at the commencement of typhus, is instrumental in lessening its duration, severity, or danger.

REMARKS ON CHOLERA.

[The following extract is the conclusion of an interesting article on the malignant cholera, by Richard Sexton, M.D., of Baltimore, published in the last number of the N. A. Archives of Medical Science.]

It will be perceived that the foregoing remarks include a treatment, destitute, to a great degree, of the characteristics of heroism. After the partial or sole management of about 250 cases, in the various stages and combinations, for relieving which, a great variety of practice was pursued, I have concluded that a calm and patient system of management is preferable to any which may keep the patient excited, may make repeated and large draughts on his nervous energy, or which may attempt to vanquish by some bold stroke, the probable consequence of which will be rather to conquer the patient than the stubborn malady.

Is malignant cholera atmospheric or contagious? I would not desire to occupy these valuable pages with a discussion of a question, which, every medical library bears testimony, has been copiously argued in many a bulky volume. I wish merely to record an individual opinion. The facts brought forward by disputants on the contagiousness of the disease, exhibit great incongruity in their nature. When one party decide that cholera is propagated solely by atmospheric constitution, an abundance of strong facts is readily ushered forward to render its decision apparently judicious; and if another party declare the malady to be contagious, every unprejudiced person must admit that the conclusion is correctly deduced from several occurrences, known as indisputable in medical and political history.

What better order can be made to arise out of this chaos of strong fact, than simply this: that the disorder owes both origin and perpetuation to atmospheric constitution or miasm, but that effluvia from the diseased body, is one cause of its extension?

We need not allude to other diseases which are believed, by some authors, to be propagated under similar principles, only with the view to remind of the fact; for that scarlatina, rubeola, and pertussis, receive extension through both aerial miasm and personal contagion, is an opinion defended by several noted medical writers. Malignant cholera should be classed under the same head, as in all probability should be likewise arranged the whole of those awful pestilences, which, in different ages, have overrun nations and continents.

The greatest difficulty against admitting this opinion, is in its philosophy. Thus: Does nature require two such active agents to propagate a disease, when either would be amply sufficient to effect her object?

Can the personal contagion be the same in substance as the atmospheric miasm? And it must be so, or how can dissimilar first causes produce the same disease? These are rational inquiries; but they are those of speculation, to answer which, are brought forward the opposing facts. The observation of actual occurrences constitutes the only mean by which the truths of nature can be determined by mankind. Therefore, it is more proper first to seek for facts, and then to permit a natural conclusion to flow from their tenor, rather than to embrace an opinion deduced from partial circumstances, or from speculative views, and, afterwards, to endeavor to force all the premises to bow down to the support of such a conclusion.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, AUGUST 12, 1835.

THE JOURNAL.

With this number we commence the Thirteenth Volume of the Boston Medical and Surgical Journal. Its age is certainly an evidence of the patronage it receives from the medical profession, which we acknowledge with much gratitude.

With an ambition to sustain a respectable rank among the scientific periodicals of the country, and with our corresponding efforts, it will still be impossible to meet the views of physicians, or answer our own designs, without the continued and constant support of those who have thus far manifested a regard for the character and usefulness of a publication exclusively their own.

The idea of perfectly satisfying every one in relation either to the method of conducting the Journal, or the quality of the articles which find a record in its pages, is not entertained. With the most honest intentions, we have doubtless committed many errors; but we derive satisfaction from the consciousness of having endeavored to meet the public approbation, however unsuccessful the effort may sometimes have been. To present the reader with a synopsis of the professional intelligence of this, and other countries distinguished for their advancement in medicine, surgery, and their collateral branches, and make the Journal an organ of communication, in which practitioners may freely disseminate their discoveries, their experience and even their theories, has been an important consideration. Communications have been liberally supplied, and they are continually coming; so that we are warranted in saying that for variety, importance and originality, for which we are free to acknowledge our indebtedness, this Journal has not been surpassed by any other in the United States—and perhaps no other one circulates more extensively in this country.

Were it certain that a large proportion of the subscribers would be willing to pay a small additional expense, we should be exceedingly happy to increase the number of pages, as has been suggested by several friends and patrons, and thus give nearly double the amount of matter, weekly; but at the present price, it would be ruinous to our finances to vary the Journal very materially from its present form and dimensions.

Still, should our prospects continue to brighten, we do not despair, at some future day, of making alterations of this kind, without any increase of price. To effect it, however, depends upon the friendship and assistance of our professional brethren. Reports of cases, essays, and all other productions having a connection with the science which we are humbly endeavoring to advance, will not only be particularly serviceable at the time they are given to the reader, who looks here with an expectation of being benefited by the labors and acquirements of others, but a permanent fund will be thus gradually accumulating, which at no very distant period will greatly redound to the honor and advantage of the medical literature of this new and enterprising country.

INJURIOUS EFFECTS OF SALT.

Dr. W. Mateer, out-door visiting physician of the Belfast Dispensary, refers to the application of many adults who complained of the same kind of indisposition. The symptoms were great weakness, lassitude after any ordinary exertion, a feeling of soreness through the whole body, and a sensation at the region of the heart, which the patients themselves differently described as a "crushing," "tearing," and "gnawing" at the heart, together with palpitation, stitches through the chest, a catching cough, dyspnœa, and costiveness of the bowels, but with appetite unimpaired. These complaints were found only among the lower classes, whose condition differed from that of the higher in nothing so much as in the nature of their diet, which among the former consisted in a great part of salted provisions, which were but sparingly used by the rich. From these circumstances, in connection with the fact that the entire disuse of salted provisions, and a diet of fresh vegetables and fresh meat, continued for some time, always afforded relief, Dr. M. was induced to attribute the symptoms above-mentioned to the *inordinate use of salted provisions.* He is disposed to attribute their deleterious effects in a great measure to the action of the salt; from which opinion, however, the editor of the Medico-Chirurgical Review dissents, and considers that the evil is caused by the want of nutrition and indigestibility of the food thus hardened, and that if flesh, fish, &c. could be preserved and rendered hard and difficult of digestion by any other material than salt, the same or nearly the same train of symptoms would be the result.

COMPARATIVE MORTALITY IN DIFFERENT PARTS OF ENGLAND.

From the voluminous reports collected by Mr. Pickman, it appears that in England and Wales there are 117 families to 100 houses—in Scotland, 133 to 100—in Ireland, 110 to 100. But the circumstances in the three kingdoms are so very different, that no inference can be drawn from a comparison on this point. London and Liverpool, however, may be compared in this respect. In London there are 171 families to 100 houses, and the annual mortality was 1 in 44 in the year 1830. In Liverpool there are only 131 families to 100 houses, and the mortality was 1 in 52 of the population during the same year. Hull has 134 families to 100 houses—and the mortality is 1 in 49. Bristol shows 131 families to 100 houses—the mortality 1 in 61. This shows that the degree of isolation will not account entirely for the degree of salubrity. Liverpool and Bristol are situated alike in this respect, and yet there is a great difference in the ratio of mortality. Again, in Manchester, there are 116 families to 100 houses, and the mortality is 1 in 30 ; whilst in Birmingham, where there are 105 families to 100 houses, the mortality is 1 in 68—not one-half of the Manchester mortality ! This enormous disproportion must be owing chiefly to the greater destruction of juvenile life in Manchester than in Birmingham, for obvious reasons—viz. the employment of young people in the former locality, and the intractability of the Birmingham material of manufacture requiring adult hands. In the woollen manufactures, the applicability of infant labor holds a middle place, and the crowding of population and mortality are proportionably less. In Leeds there are 111 families to 100 houses, and the mortality is 1 in 48. What must be the influence of concentration, then, in Dublin, where 252 families are *compressed*, for they can hardly be said to live, in 100 houses? What in Edinburgh, where 310 families conglomerate in 100 houses ? Or in Paisley, where the astonishing number of 360 families exist in 100 houses ? We have not the means at present of estimating the actual mortality in these places. In England and Wales, the ratio of coacervation has been diminishing 2 per cent. in the ten years between the last two centuries, while that ratio has been increasing in Scotland at about 2 per cent.

REMOVAL OF CALCULI.

Baron Heurteloup, whose name has doubtless become familiar to our readers, appears to have carried the art of Lithotripsy to a great degree of perfection. He has recently reported several cases of operations performed on aged men with complete success—which are the more surprising from the fact that he effected the destruction of the stones in a few minutes after the introduction of the instrument. His *perculeur* seems to act like a conscious being—picking up calculi, here and there, with as much precision as a surgeon would direct with his eye. According to his own account, he not only designates precisely the number of calculi, where several exist, but also speaks confidently of their shapes. It is certainly surprising that some ingenious anatomist does not devote himself to practise lithotripsy in the United States. The field is completely unoccupied, and promises distinction to any one who may heartily devote himself to the practice of this humane branch of operative surgery.

Lithotomy in New York.—A Scotch puppy, who being more civilly treated abroad than he probably ever was at home, having witnessed the operation of lithotomy in New York, by one of the first surgeons of America, the last season, has described the process in the London Lancet. He says the surgeon " having put on a large morning gown, sat down, and instead of putting the scalpel cautiously and firmly into the perineum, made a dab at it as if he was stabbing some reptile." After consuming nearly an hour, he seized the stone " *again—tied the handles* (*forceps*) *with a pocket handkerchief—got two men to pull it, and after some minutes extracted the stone, and a monstrous ragged looking one it was, weighing seven ounces one drachm. The case was published next day, as an extraordinary operation, and the patient was said to be doing well.*" The whole article is a gross slander, which we hope our professional brethren of New York, for the honor of the country, will take into their hands, and chastise the infamous author as he richly deserves.

Strychnine as an Endermic Application.—M. Bally has employed strychnine in this manner with considerable success. Of two men affected with paralysis of the hands, one was evidently cured by the application of a grain to a grain and a half of strychnine daily, to the raw surface produced by a blister. The second recovered the use of one hand, and nearly recovered that of the other, and a third paraplegic patient was able to walk. M. Lesieur has applied powdered strychnine, one-sixth of a grain, to the blistered surface, for hemiplegia ; when the quantity was increased to two grains, a paroxysm of tetanus supervened, which was dissipated by the substitution of acetate of morphine for the strychnine. Strychnine has also been employed endermically, to the temple, in amaurosis.

Glanders in a Man.—A singular case has very lately been put on record, in London, of a groom who contracted glanders of a horse, to which he administered medicine for the cure of that afflictive disease to which this noble animal is predisposed. While forcing down liquids, using a sponge, &c. the horse sneezed, and thus threw both his saliva and the matter discharging from the nostrils, into his face. Having suffered, apparently, all the symptoms and pains, he was finally cured by the *creosote*. This may possibly be a remedy for glanders, and we beg to make the suggestion for the benefit of stablers, farmers, and those who keep horses.

Lectures on Embryology.—M. Flourens is now giving a splendid course of lectures on this subject, which for deep physiological interest have never been surpassed. Elegance of diction, combined with a thorough knowledge of the theories of all his predecessors, from Aristotle to writers of his own age, characterize, thus far, the able discourses of M. Flourens. Though we have received only the third lecture of the proposed series, which embraces the consideration of the doctrines of *epigenesis* and the system of *evolution*, which have each had most powerful advocates, enough has come to hand to convince us very satisfactorily of the high attainments, industry, research and talents of the indefatigable author.

Stone Eater.—Mention is made in a Southern paper of a negro boy, 6 years of age, who is in the habit of eating pebbles, some of them as large as the end of one's thumb. The quantity of two gallons has been voided in the course of a fortnight, of various forms and sizes. The boy is said to be in good health and sprightly. Many similar cases in adults are on medical record.

Death by Quackery.—The public papers contain an account of a fatal termination of a case treated by steam, in Southbridge, in this State. Cannot some of our correspondents, in that vicinity, give us the facts.

Prize Essay.—The Boylston Committee of Harvard University have awarded the premium of Fifty Dollars, or a Gold Medal of that value, to Usher Parsons, M.D. of Providence, R. I. for the best Treatise on Cancer. We understand that this is the fourth time the premium has been awarded to the same gentleman.

Mala Praxis.—England appears to be infested with as many ignorant professional pretenders as any on the globe, notwithstanding the efforts of numerous schools of the very first order. A patient, not long since, had the smallpox, for which the physician prescribed for a fortnight;—but as she seemed to be dying daily, a surgeon, who was called in consultation, declared her in *articulo mortis.* The friends, however, not being satisfied, called a third, who found the woman in labor! The two first mistook the *presentation of the membranes at the orificum váginæ*, for the bladder!

Bold Operation.—Mr. Liston operated for the stone, recently, on a man sixty-one years old, from whom two stones were extracted. But that which gave importance to the matter, was this, viz. that in withdrawing the forceps a portion of the prostate gland, "*the size of half a walnut*," was brought away, which had been detached by a bistoury necessarily resorted to for the purpose of enlarging the orifice. Mr. Liston said it "could easily be spared, as he (the patient) had abundance of the gland." At last accounts, the old gentleman was *doing exceedingly well.*

The Smallpox appears to prevail in different parts of the State of Vermont. No particulars have been received.

Old Age.—An advanced term of life and decrepitude are commonly conceived to be synonymous: the extension of life is vulgarly supposed to be the protraction of the period of infirmity and suffering, that period which is characterized by a progressive diminution of the power of sensation, and a consequent and proportionate loss of the power of enjoyment, the "sans teeth, sans eyes, sans taste, sans everything." But this is so far from being true, that it is not within the compass of human powers to protract in any sensible degree the period of old age properly so called, that is, the stage of decrepitude. In this stage of existence, the physical changes that successively take place, clog, day by day, the vital machinery, until it can no longer play. In a space of time, fixed within narrow limits, the flame of life must then inevitably expire, for the processes that feed it fail. But though, when fully come, the term of old age cannot be extended, the coming of the term may be postponed. To the preceding stage, an indefinite number of years may be added. And this is a fact of the deepest interest to human nature.—*Southwood Smith.*

Case of Poisoning, detected seven Years after Death.—The body had been interred in ground which was rather elevated, and the soil of which would rapidly absorb any moisture. The coffin, when exposed, was found entire, but very fragile, and so dry, that its inner surface "n'etait pas même tachetée par l'humidité." The corpse was entire; the head, trunk, muscles, &c. retained their natural position; the thoracic and abdominal viscera were completely disorganized; the only traces of them being a soft brownish matter resting on the sides of the spinal column. It was in this *matter* that MM. Ozanum and Ide discovered the presence of arsenic by the following processes. The matter was boiled in repeated quantities of distilled water as long as this (the water) was in the least degree discolored. The different decoctions were then mixed together, and the whole evaporated to a dry extract, which was re-dissolved in boiling distilled water; but as this solution was still of a deep color, it was again evaporated to dryness, and the residue was deflagrated in a porcelain vessel, with nitrate of potass; the saline mass thus obtained was dissolved in water and treated with nitric acid, and then with a solution of pure potass. The presence of the arsenious acid was most satisfactorily detected by applying the usual well-known tests to different portions of the solution obtained in the above method.—*Orfila, Gazette de Santé.*

Gallic Acid.—Dobereiner obtains pure gallic acid in a few minutes by the following process. A concentrated decoction of gall-nuts, mixed with a little acetic acid to decompose the gallate of lime, is shaken for one minute with a quantity of ether. The gallic acid is taken up by the ether, and by spontaneous evaporation on a watch glass is obtained in small colorless prisms. If longer digested, the liquid separates into three portions. The lightest contains the gallic and acetic acids, if the latter be present in excess; the next an ethereal solution of tannin; and the heaviest, *the water and extractive matter.*—*Report of British Association.*

Singular preservation of Life in a Molluscous Animal.—N. Rang, Member of the Royal Academy of Sciences of Paris, received four young specimens of Anodonta rubens, Lam., from Senegal, and although they had been enveloped in cotton for two months, they were still alive; he had learnt that these animals live eight months of the year out of water, upon the ground suddenly abandoned by the river, and that they remain during six of these months exposed to the ardent heat of the Senegal.—*Atheneum.*

On the Rapidity of Vegetable Organization.—The vegetable kingdom presents us with innumerable instances, not only of the extraordinary divisibility of matter, but of its activity in the almost incredible rapid development of cellular structure in certain plants. Thus, the *Bovista giganteum* (a species of fungus) has been known to acquire the size of a gourd in one night. Now, supposing with Professor Lindley, that the cellules of this plant are not less than the $\frac{1}{200}$th of an inch in diameter, a plant of the above size will contain no less 47,000,000,000 cellules; so that, supposing it to have grown in the course of twelve hours, its cellules must have been developed at the rate of nearly 4,000,000,000 per hour, or of more than 96,000,000 in a minute! and, when we consider that every one of these cellules must be composed of innumerable molecules, each of which is composed of others, we are perfectly overwhelmed with the minuteness and number of the parts employed in this single production of nature.—*American Journal of Science and Arts.*

Died—At Staten Island, Dr. John Durkee, of Meredith, N. H.—In London, recently, Dr. J. M. Mugliston, surgeon, aged 48, deservedly lamented.

Whole number of deaths in Boston for the week ending August 8, 37. Males, 26—Females, 11. Of measles, 2—pleurisy, 1—dropsy on the brain, 3—bilious fever, 3—child-bed, 1—lung fever, 1—infantile, 5—consumption, 5—teething, 1—drowned, 3—typhous fever, 1—chickenpox, 1—inflammation of the bowels, 1—syphilis, 1—hooping cough, 1—fits, 1—inflammation of the brain, 1—pleurisy fever, 1—cholera infantum, 1—erysipelas, 1—poison, 1—debility, 1. Stillborn, 4.

1835 July	THERMOMETER. Min.	THERMOMETER. Max.	THERMOMETER. Mean	BAROMETER. Min.	BAROMETER. Max.	BAROMETER. Mean	Appearance of the Atmosphere	Wind	Rain	Memoranda, &c.
Wed. 1	49.00	64.00	56.50	29.75	29.80	29.775	Cumulus	S W		
Thur. 2	51.50	80.00	65.75	29.62	29.80	29.710	"	"		
Frid. 3	61.00	85.50	73.25	29.61	29.62	29.620	Cumuli	"		Barom. 29.63 a. ☽ m.
Satur. 4	65.00	90.00	77.50	29.63	29.78	29.710	"	"	.05	Rain a. SE a.
Sun. 5	65.00	86.50	75.75	29.80	29.83	29.815	Cumulus	"	.02	Rain a. NW a.
Mon. 6	66.00	75.00	70.50	29.88	29.95	29.915	Cir. c. strat.	S E	.65	Rain, SW, a.
Tues. 7	59.00	82.00	70.50	29.95	30.00	29.950	Cumuli	S W		Barometer 29.90 a.
Wed. 8	66.00	86.00	75.00	29.90	29.92	29.910	Cumulus	"		Therm. 64° a. NE a.
Thur. 9	61.00	70.00	65.50	30.00	30.05	30.025	Cir. c. strat.	"	.02	Rain m. [noon. ● m.
Frid. 10	60.00	64.00	61.50	30 04	30.00	30.020	"	S E	.20	Rain m & a. Th. 59° at
Satur. 11	56.00	78.00	67.00	30.06	30.10	30.080	Cumuli	N W		
Sun. 12	60.00	80.00	70.00	30.05	30.10	30 075	Cir.cumulus	S W		
Mon. 13	67.00	91.00	79.00	29.85	29.92	29.885	Cumuli	"	.20	Nimbus at night
Tues. 14	68.50	89.00	78.75	29.82	29.85	29.835	"	"		[n't, NE. R'n, SW, a.
Wed. 15	70.00	87.50	78.75	29.83	29.88	29.855	Cir. c. strat.	"	3.16	Rain & Nim. R'n thro'
Thur. 16	61.00	77.00	69.00	29.62	29.85	29.735	"	N E		
Frid. 17	60.00	71.00	67.00	29.95	30.00	29.975	Cumuli	S W		☾ m.
Satur. 18	61.00	75.50	68.25	30.03	30.08	30.055	Cir.cumuli	S E		
Sun. 19	63.00	85.00	74.00	29.95	30 05	30.000	Cumuli	S W		
Mon. 20	63.00	88.00	75.50	29.95	30.05	30.005	Cumulus	S E		& cir. c. strat. [illegible]SW a.
Tues. 21	69.00	85.00	77.00	30.08	30.12	30.100	Cir. c. strat.	"	.12	Rain m and a. SW a.
Wed. 22	64.50	81.00	72.75	30.12	30.14	30.130	Cirrus	N W		
Thur 23	64.00	87.00	75.50	30.06	30.15	30.105	Cirri	S W		
Frid. 24	65.00	87.00	76.00	29.98	30.06	30.020	"	"		[night. ○ a.
Satur. 25	67.50	87.00	77.25	29.85	30.00	29.925	Cumuli	"	.15	Cir.c.st. a. Nim. dur'g
Sun. 26	67.00	69.00	66.00	29.92	30.08	30.000	"	N E		Therm. 63° at 2 PM.
Mon. 27	57.50	73.50	65.50	30.15	30.18	30.163	Cirrus	S W		
Tues. 28	56.00	82.00	69.00	30.10	30.18	30.140	Cumulus	"		
Wed. 29	63 50	71.00	67.25	29.90	30.08	29.990	Cir. c. strat.	S E	1 20	Rain & SW a. Nimbus
Thur. 30	61.50	80.00	70.75	29.78	29.85	29.815	Cumulus	S W	.06	Stratus m. Shower a.
Frid. 31	64.00	84.50	74.25	29.62	29.78	29.700	Cir. c. strat.	S E	.95	Nim., rain, a & at night
Aggreg.	62.34	80.48	71.620	29.89	29.97	29.9367	Cumuli	S W	6.78	

RESULT.—Mean temperature, 71.620; maximum, 13th, wind SW, 91.00; minimum, 1st, wind SW, 49.00; greatest daily variation, 2d, wind SW, 29.50; least daily variation, 10th, wind SE, 4.00; range of thermometer for the month, 42.00; increase of mean temperature from June, 6.845; prevailing atmosphere, cumuli (clear). Prevailing wind, SW. Mean atmospheric pressure, 29.9367; maximum, 27th, wind SW, 30.18; minimum, 3d, wind SW, 29.61; greatest daily variation, 16th, wind NE, 0.23; least daily variation, 3d, wind SW, 0.01; range of barometer, 0.57; increase of atmospheric pressure from June, 0.0127; rain, 6.78 inches.

Comparative with July, 1834.—Mean temperature, 73.346; maximum, 96.50; minimum, 55.50; prevailing atmosphere, cumuli. Mean atmospheric pressure, 29.990; maximum, 30.38; minimum, 29.65; rain, 6.87 inches; prevailing wind, SW.

Fort Independence, Boston, August 1, 1835. B.

ADVERTISEMENTS.

JOHN S. BARTLETT, M.D. M.M.S.S., late of Marblehead, has removed to this city, and may be found at the house of Thomas Murphy, Esq. No. 22 Atkinson Street.

Boston, August 12, 1835. tf.

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May 13. eop6m

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Boston, February 4, 1835. eptf.

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ON SPONTANEOUS COMBUSTION.

FROM AN ESSAY READ AT THE LAST ANNUAL MEETING OF THE MED. SOCIETY OF TENNESSEE, BY JAMES OVERTON, M.D.

The phenomenon of spontaneous combustion is by no means confined to the human body, but occurs much most frequently in materials not endowed with the peculiar attributes of vitality. This latter phenomenon, of the character of which neither physicians nor chemists have always succeeded in furnishing a satisfactory explication, is thought, however, with some unanimity of opinion, to depend upon the great affinity which certain substances are known to possess for the matter of oxygen, and that this principle is operative, whether the oxygen be derived from the atmosphere, from water, or any other material with which they are placed in contact. When water is the material which furnishes the oxygen to substances possessing this peculiar attraction for it, hydrogen gas is set at liberty, and by its combustion, or subsequent combination with oxygen, water is again produced. This property of spontaneous combustion in inanimate bodies, and which has been denominated *pyrophorescence*, but which upon the present occasion it may not be proper to examine in greater detail, possesses however great interest when viewed in relation to the conservation of individual property, and the promotion of the public safety and salubrity. For, besides that many conflagrations of wide extent are known to have had their origin in spontaneous combustion, it will not be doubted, that mixtures susceptible of this process, at least when their masses are considerable, vitiate the character of the surrounding atmosphere, and especially the air of habitations and restricted localities ; since even before entering into sensible combustion, these substances absorb oxygen and disengage hydrogen gas, in which sulphur, carbon, and even phosphorus is often dissolved in quantities more or less abundant.

Among the various substances capable of spontaneous combustion, are particularly noticed masses of pit-coal, of manure, and especially of horse manure, of hay of different kinds, of wet or moist moss, of bales of cotton, moist or wet and closely packed in the holds of ships, and of green and humid vegetables in general, thrown together in large masses. Such is also said to be the character of masses of hemp impregnated with oil or grease ; sail cloth and oil cloths, the different metallic sulphurets moistened, cotton and woollen cloths in large masses and embued with oil, old peltry, and old greasy cloths heaped up in masses ; masses of tow impregnated with lard or oil, or flax or hemp seed, grains of the pulse kind in heaps, masses of chips or saw dust, some kinds of dried hides, nitric and sulphuric acid placed in contact with expressed or essential oils, phosphoretted hydrogen gas, ammonia, sulphuret of antimony, arsenic, bismuth and zinc submitted to an atmosphere of oxygenated muriatic gas, quicklime moistened and in contact with bodies easily combustible, as chaff, dry wood, &c. &c., phosphorus, pyrophorus, potassium, sodium, &c. &c.

If, however, the phenomenon of spontaneous combustion be of a character to excite our surprise when viewed in connection with inanimate matter, with what additional wonder may we not contemplate its existence, when exhibited in the living body of an individual of our own species; and that, too, under circumstances indicating no important deviation from its ordinary physiological condition?

When we consider the large quantity of wood or other combustible material, which is demanded for the incineration of a human body, and when we calculate the great slowness with which this process is actually executed, we cannot but with great difficulty allow the possibility of its accomplishment in the living body, spontaneously, in the space of a few minutes, at a very low temperature of the atmosphere, and without the least sensible intervention of any material in a state of previous ignition. Notwithstanding this apparent improbability, nothing is more real than the existence of this singular phenomenon; which merits consequently the serious consideration of every physician, and of him especially who gives to the subject of medical jurisprudence any considerable share of professional attention. In truth, spontaneous human combustion enters directly and necessarily into the doctrine of equivocal deaths; and it is, consequently, essential that we should be competent to identify such cases, in order that we may not be exposed to the danger of ascribing to premeditated crime, or other causes, results which may have been the effect of a totally different cause. The following history is deemed not to be impertinent or useless in illustration of the truth of the suggestion, which makes an acquaintance with the phenomena of spontaneous combustion a part of the professional duty of every physician.

In 1725, the wife of a man by the name of Millet perished as the victim of spontaneous combustion, in the city of Rheims, in France. Her remains were found in the kitchen, at the distance of a foot or foot and a half from the chimney. Some portions of the bones of the head, of the inferior extremities, and some of the dorsal vertebræ, had alone escaped entire incineration. Millet owned or possessed a maid servant, who was young, and remarkable for her extraordinary beauty; and disreputable and alarming suspicions were soon started against him. Millet was subjected to all the rigors of a criminal prosecution, and finally convicted and condemned to be executed for the murder of his wife. He took an appeal from this decision, and, arraigned before a more enlightened tribunal, the case was ascertained to be one of "spontaneous combustion," and Millet consequently escaped at once from the horrors of the scaffold and the odium of having been the murderer of his own wife.

There is reported in a Leipsic journal, the history of a female, fifty years of age, very much addicted to the intemperate use of spirituous liquors, and who never went to bed except in a state of intoxication from this intemperance. She was found in the morning reduced to ashes.

The bones of the two femurs only, and some other small portions of the skeleton, had not been subjected to total incineration.

In the "Acts of Copenhagen," another medical journal, there is published the case of a woman, who made immoderate use of alcoholic liquors and took but little nourishment, having gone to sleep in her chair after her usual potation. She was found entirely burnt up, with the exception of the bones of the cranium, and the terminal phalanges of the fingers. In 1765, a noble lady of France, sixty years of age, and who was in the frequent habit of bathing her whole body in camphorated spirit of wine, was found burnt up, at a distance from her bed, from which it seemed that she had been driven by the heat and suffering attendant upon the accident. It was demonstrated that the fire in her apartment had had no agency in the production of her death. The candles in her room had burnt to their ends, and the wicks were still remaining entire in the candlesticks.

The room where this spontaneous combustion had occurred was filled with a humid soot, of the color of ashes; it had penetrated the texture of her curtains, and stained her bed linen.

Many other sufficiently attested cases of spontaneous combustion are doubtless to be found in foreign and domestic journals, and which have occurred at periods more or less remote from the present time. During the termination of the last century, and within the period included by the portion of the present already elapsed, these facts have been brought together with great care by different investigators. Upon the continent of Europe, the labors of Messieurs Lair and Kopp in this curious field of research have been crowned by great interest and success.

But it should not be forgotten that all the cases reported by these highly respectable authors were immediately fatal; and consequently presented to observation no other evidence of their cause and character than such as were deducible from the aspect of the remains of the combustion, and the character of other contingent and posterior circumstances.

We have, however, one case on record, and one only, so far as I am able to discover, of a different character; and which affords the highest interest, as the victim of it survived the catastrophe for some time, was seen by others during the progress of the combustion, and was entirely competent, after its occurrence, to detail the different circumstances which immediately preceded and followed, as well as those which accompanied the accident.

The case referred to is reported to have occurred in Italy, in the district of Livizzano near Florence, in the person of a priest, and to have been distinguished by the following circumstances. He had gone on the day of its occurrence to a fair, at a small village distant some miles from his residence, upon matter of personal business. After having spent the greater part of the day in travelling about the environs of the place for the transaction of his business, he set out in the evening towards an adjacent village, and arrived at the house of a brother-in-law, who lived in this latter place, shortly afterwards. As soon as he arrived, he desired to be conducted to the apartment which was designed for his occupation; there, he passed his handkerchief between his shoulders and his shirt, and every person but himself having retired from the room, he directly betook himself to the rehearsal of his breviary. A few minutes had scarcely elapsed, when an extraordinary noise was heard in the apartment where Bartholi the priest had just been placed; and this noise, mingled with which was distinctly recognized the cries of the holy father, having caused the inmates of the house to run to him with great haste, they found him extended upon the hearth and surrounded by a light flame, which receded in proportion as they drew near, and soon vanished away. He was immediately placed upon his bed, and such remedies as were at hand administered for his relief by his friends. On the succeeding day the physician who has reported the case was requested to visit him, who carefully examined the condition of the patient, and found the integuments of the right arm almost entirely detached from the subjacent muscles and hanging off from them, and the skin of the forearm in a similar condition. In the space comprehended between the shoulders and the thigh, the integuments were injured to an extent equal to that of the right arm and forearm. No indication of treatment appearing to the practitioner more urgent, he removed these mutilated fragments of the skin, and perceiving the commencement of mortification upon that portion of the right hand which had suffered most severely, proceeded to scarify it; but, notwithstanding this and other efforts for its restoration, the hand on the succeeding day, as had been apprehended, was found in a state of entire mortification, or sphacelus.

At the third visit, all the other parts of the body which had been submitted to the action of the combustion were in like manner in a state of sphacelation; the patient complained of burning thirst, and was agitated by horrible convulsions. His discharges from the bowels were fœtid, and bilious in their aspect; and he was besides exhausted by continual vomiting, and suffered from intense fever and delirium. Finally, on the fourth day after the accident, at the end of two hours of comatose insensibility into which he had fallen, the unfortunate victim who was the subject of this observation expired. At the time of the last visit of his physician, and whilst he was plunged in the lethargic sleep just mentioned, it was observed with astonishment, that putrefaction had already made such progress, that the body of the patient, although still living, exhaled a stench which was insupportable to the persons around him; worms which had been generated in his body crawled out of the bed in which he lay, and the nails fell off from the fingers of the hand which had been most injured.

Having used all care to learn from the patient himself everything which had occurred in relation to the accident, he informed the physician that he felt, at the moment of the attack, as if some person had given him a severe stroke with a mall on the right arm; and that at the same time he saw a flame of fire seize upon his shirt, which was in a moment reduced to ashes, except the wrist-bands, which had not in the slightest degree been touched by the fire. The handkerchief, which on his arrival he had placed between his shoulders and shirt, remained entire, and without the least vestige of combustion; his drawers were also equally exempt from injury; but his night-cap was totally consumed, whilst not a hair upon his head had been burnt.

The above facts are given by the reporter of the case, with the appearance of entire confidence, accompanied by assurances of their having been ascertained with much certitude.

The symptoms of the disease or injury produced by the accident were identical with those which are the usual effect of a severe burn ; the night of its occurrence was calm, and the air free from impurities ; and there was perceived in the chamber in which it took place no empyreumatic or bituminous smell, or other penetrating smoke, such as has often been noticed in apartments which have been the scene of accidents of a similar nature. The lamp which had just been filled with oil was dry, and the wick in a state of incineration ; and this latter circumstance alone indicated the possible extension of the combustion from the body of the patient to any of the furniture or other materials of the apartment.

An instance of what has been esteemed *partial* spontaneous combustion, has recently occurred in the city of Nashville—it has given origin to the character of this essay—and as its phenomena as detailed by the subject of it, and its effects as exhibited to the observation of others after its subsidence, are corroborative of the truth of the history just given, we deem it worthy of record, and to be submitted to your present contemplation, in connection with cases of a like character which have occurred at a distance from us.

The subject of the following observation is a gentleman about thirty-five years of age, middle size, light hair, hazel eyes, sanguineo-lymphatic temperament, of habits entirely temperate in the use of stimulating drinks of any kind, fermented or alcoholic, with a constitution considerably enfeebled from long and zealous devotion to the sedentary and exhausting labor of scientific investigation. In early life he was very subject to derangements in the functions of the stomach and bowels ; and at the present time suffers frequently from different modifications of these maladies, as costiveness, occasional diarrhœa, acidity of the stomach, heart-burn, &c. &c., with their usual train of sympathetic affections, involving parts of the organism at a distance from the primary seats of disease into a participation of their suffering.

At the time of the occurrence of the accident, he was afflicted with acidity of the stomach, and by an unusual and irritating quantity of the matter of urea in the secretion kidneys ; for the relief of which, he was in the habitual use of aperients, ant-acids, &c.

Mr. H., Professor of Mathematics in the University of Nashville, was engaged as usual in his recitation room, in attendance upon the morning exercises of his class, till 11 o'clock in the forenoon. He then buttoned his surtout coat close around him, and walked briskly thus clothed to his residence, a distance of about three-fourths of a mile, taking exercise enough to produce a glow of warmth on the surface of the body, without inducing fatigue, but feeling at the same time his usual acidity of the stomach, for which he resolved to take some soda as a remedy within a short time. Having arrived at his lodging, he pulled off his over-coat and kindled a fire, by placing a few pieces of dry wood on three burning coals which he found in the fire-place, of the magnitude of two inch cubes each ; and immediately left the fire, and retired to a remote part of the room and made his observations on the weight and temperature of the atmosphere as indicated by the barometer and thermometer, which were suspended in that situation. He then took the dew-point by the thermometer. These operations, together with the registration of their results, occupied about thirty minutes. This having been accomplished, he went immediately into the open air, made observations on the hygrometer, and was beginning his observations upon the velocity and direction of the winds. He had been engaged in this latter process about ten minutes, his body all the while sheltered from the direct impression of the wind, when he felt a pain as if produced by the pulling of a hair, on the left leg, and which amounted in degree to a strong sensation. Upon applying his hand to the spot pained, the sensation suddenly increased, till it amounted in intensity to a feeling resembling the continued sting of a wasp or hornet. He then began to slap the part by repeated strokes with the open hand, during which time the pain continued to increase in intensity, so that he was forced to cry out from the severity of his suffering. Directing his eyes at this moment to the suffering part, he distinctly saw a light flame of the extent at its base of a ten cent piece of coin, with a surface approaching to convexity, somewhat flattened at the top, and having a complexion which nearest resembles that of pure quicksilver. Of the accuracy in this latter feature in the appearance of the flame, Mr. H. is very confident, notwithstanding the unfavorable circumstances amidst which the observation must have been made. As soon as he perceived the flame, he applied over it both his hands open, united at their edges, and closely impacted upon and around the burning surface. These means were employed by Mr. H. for the purpose of extinguishing the flame by the exclusion of the contact of the atmosphere, which he knew was necessary to the continuance of every combustion. The result was in conformity with the design, for the flame immediately went out. As soon as the flame was extinguished, the pain began to abate in intensity, but still continued, and gave the sensation usually the effect of a slight application of heat or fire to the body, which induced him to seize his pantaloons with one of his hands and to pinch them up in a conical form over the injured part of the leg, thereby to remove them from any contact with the skin below. This operation was continued for a minute or two, with a design of extinguishing any combustion which might be present in the substance of his apparel, but which was not visible at the time. At the beginning of the accident, the sensation of injury was confined to a spot of small diameter, and in its progress the pain was still restricted to this spot, increasing in intensity and depth to a considerable extent, but without much if any enlargement of the surface which it occupied at the beginning. A warmth was felt to a considerable distance around the spot primarily affected, but the sensation did not by any means amount in degree to the feeling of *pain*. This latter sensation was almost, if not entirely, confined to the narrow limits which bounded the seat of the first attack, and this sensation was no otherwise modified during the progress of the accident, than by its increasing intensity and deeper penetration into the muscles of the limb, which at its greatest degree seemed to sink an inch or more into the substance of the leg.

Believing the combustion to have been extinguished by the means just noticed, and the pain having greatly subsided, leaving only the feeling usually the effect of a slight burn, he untied and pulled up his pantaloons and drawers, for the purpose of ascertaining the condition of the part which had been the seat of his suffering. He found a surface on the outer and upper part of the left leg, reaching from the femoral end of the fibula in an oblique direction, towards the upper portion of the grastrochnemii muscles, about three fourths of an inch in width, and three inches in length, denuded of the scarfskin, and this membrane gathered into a roll at the lower edge of the abraded surface. The injury resembled very exactly in appearance an abrasion of the skin of like extent and depth, often the effect of slight mechanical violence, except that the surface of it was extremely *dry*, and had a complexion more livid than that of wounds of a similar extent produced by the action of mechanical causes.

The condition of the pantaloons and drawers was next carefully inspected. The left leg of the drawers, at a point exactly corresponding with the part of the leg which had suffered injury, and at a point accurately correspondent to the abraded surface, were burnt entirely through their substance. They were not in the slightest degree scorched beyond this limit, the combustion appearing to have stopped abruptly, without the least injury to any portion of the drawers which had not been totally consumed by its action. The pantaloons were not burnt at all. But their inner surface opposite to and in contact with the burnt portion of the drawers, was slightly tinged by a thin frostwork of a dark yellow hue. The material of this color, however, did not penetrate the texture of the pantaloons, which were made of broadcloth, but seemed to rest exclusively upon the extremities of the fibres of wool which were the materials of its fabric. The coloring matter was entirely scraped off with the edge of a penknife, without cutting the woolly fibres, after which there remained upon the garment no perceptible trace of the combustion, with which they had been in contact. The pantaloons may be said, with entire propriety, to have suffered no injury of any kind from the accident. The drawers, which were composed of a mixture of silk and wool, were made tight and close at the ankle, and tied with tape over a pair of thick woollen socks, in such a manner as to prevent even the admission of air to the leg through their inferior opening. Considering the injury not to be of a serious character, Mr. H. bestowed upon its treatment no particular care or attention, but pursued his usual avocations within doors and in the open air, which was very cold, until the evening of the succeeding day. At this time the wound became inflamed and painful, and was dressed with a salve, into the composition of which the rosin of turpentine entered in considerable proportion. This treatment was continued for four or five days, during which time the wound presented the usual aspect of a burn from ordinary causes, except in its greater depth and more tardy progress towards cicatrization, which did not take place till after thirty-two days from the date of the infliction of the injury. The part of the ulcer which healed last, was the point of the inception and intensity of the pain at the time of attack, and which point was evidently the seat of deeper injury than any other portion of the wounded surface. About the fifth day after the accident, a physician was requested to take charge of the treatment, and the remedies employed were such chiefly as are usual in the treatment of burns from other causes, except that twice a week, the surface of the ulcer was sprinkled over with calomel, and a dressing of simple cerate applied above it. In the space between the wound and the groin there was a considerable soreness of the integuments to the touch, which continued during the greatest violence of the effects of the accident, and then gradually subsided. The cicatrix is at this time, March 24th, entire; but its surface is unusually scabrous, and has a much more livid aspect than that of similar scars left after the infliction of burns from common causes. The dermis seems to have been less perfectly regenerated than is usual from burns produced by ordinary means, and the circulation through the part is manifestly impeded, apparently in consequence of atony of its vessels, to an extent far beyond anything of a similar nature to be observed after common burns. Since the wound has healed the health of the patient has been as perfect as usual, and while the wound continued open, his ordinary occupations were interrupted by a week's confinement only to his chamber. The accident occurred on the fifth of January of the present year, the day intensely cold and the thermometer standing at only eight degrees above zero, sky clear and calm, and the barometrical admeasurement of the atmosphere being 29.248. Such is the history of the case of partial spontaneous combustion, which has recently occurred in this city. The facts have been stated as nearly as practicable in the words of the sufferer himself, and are consequently entitled to all the credit attributable to any statement of a similar character, which is or can be supplied by the annals of the profession. The character of the accident bears a striking similitude to the case of partial spontaneous combustion already noticed, and may hence, to future investigators, contribute not unimportant aid in the discussion of the subject which is the object of this essay.

[Some of Dr. O.'s remarks on the *causes* of spontaneous combustion, will be given in a future number.]

CASE OF OVARIAN PREGNANCY.

BY M. F. COLBY, M.D. OF STANSTEAD, LOWER CANADA.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS summoned on the 13th of July to assist in the post-mortem examination of the body of Mrs. O. King, of Sherbrooke, whose sudden dissolution had caused considerable sensation in the vicinity. From information derived from her intelligent physician, Dr. Watson, as well as from the friends of the deceased, we learned that Mrs. K. had weaned her second child of fifteen months, about three weeks previous; that she had enjoyed her usual health till the evening preceding her death, with the exception of some slight pain in the hypogastrium, which she had experienced a few weeks, and which she was disposed to assign to some injury which she might have received in her last accouchment. Soon after weaning her child, she applied to Dr. W. for some emmenagogue pills, assuring him, at the same time, that she was not pregnant, as she had not experienced her usual symptoms. On Saturday, about 11 o'clock, P. M. while engaged with company, she felt a sudden and violent pain in the lower part of the abdomen. This was succeeded by faintness and great prostration of strength. Dr. W., who was immediately called, found her nearly pulseless;—her general appearance being such as he had often witnessed in the collapse of cholera. She complained of a diffused soreness and indescribable distress through the whole abdomen, which was full, but not tense, and gave to the hand the sensation of dry coldness. She vomited much for a time, and the ejected matter was apparently stercoraceous. There was slight pain in the back and thighs—the bowels were obstinately confined, and the secretion of urine was wholly suppressed. She had turns of delirium and fainting at intervals of about an hour—complained some of headache, but no thirst. At times there was a slight re-action of the pulse, but there was no revival of heat on the surface. After passing a night of intense suffering, Mrs. K. expired at half past 8 on Sunday morning, aged 27.

By request, an examination of the body was made on Monday, P. M. by Dr. Jenks of Melbourne and myself, in presence of several medical gentlemen. On opening the abdomen, we found two or three quarts of bloody serum diffused in the peritoneal cavity. A firm dark coagulum occupied the whole of the hypogastric region, extending into the left hypochondrium, and a thin stratum of coagulated blood was spread over and firmly adherent to the extensive portions of the omentum and intestines. On carefully removing portions of the coagulated blood, we found near the place where the uterus emerges from the pelvis, at the period of quickening, a fœtus of full four months, enclosed in its proper membrane and floating in its liquor amnii. On clearing away the coagulated blood, which surrounded it, we found its membrane attached to a portion of the inner surface of the left ovarium, from which body it had just escaped by laceration of its entire superior edge. The lacerated edge of the ovarium was about three lines in thickness.

The collapsed organ was nearly the size of a hen's egg, free from all morbid attachments; and presented all the appearance of the healthy ovary, excepting its size and lacerated edge. The portion of the fallopian tube next its fimbriated extremity was adherent to a portion of the fœtal sac. The fœtus was without placenta; the cord being connected with that portion of the membrane remote from its connection with the ovary. Its membrane was highly vascular. One artery, beautifully injected with red blood, was seen ramifying on its surface—its course being in a direction to the place of insertion of the fœtal cord. From the engorged state of the artery, it is probable that the vital actions of the fœtus continued till the life of the parent was extinct. The uterus was pressed low to the right side of the pelvis, but no perceptible change had taken place in its body, its size and internal appearance being the same as usual in those who have once borne children.

It was with much regret that we were unable to gain permission to preserve the entire ovum with the parts in immediate connection, as they demonstrated the actual existence of ovarian pregnancy. This was more desirable, as some highly eminent modern writers on midwifery, particularly Velpeau, deny its existence altogether.

From the attachment of the fœtal sac, in this case, we are led to infer that the vivified ovule was either detached from its nidus and become entangled in the interstices of the coats of the ovarium in its passage to the fallopian tube, or that, retaining its original situation, its vesicular covering, which according to Dr. Graaf "is supplied with bloodvessels and preparatory nerves," might have performed the function of placenta to the embryo. In either case the development of the ovum would soon cause it to occupy the whole of the parenchymatous portion of the ovarium, and its further enlargement would be resisted in some degree by the tough fibrous envelope of that organ. This resistance would be far greater than either that of the accidental sac which surrounds the ovum in cases of its attachment to the peritoneum, or of the proper membranes of the fallopian tube in cases of tubal pregnancy. The newly organized sac would form adhesions with surrounding parts, and its growth would correspond with that of the ovum ; while in the latter case, the membranes of the tube would dilate in a direction where there was the least resistance. The ovarium would become compressed by the enlarged ovum, and we might expect to find it entire upon its posterior and inferior surface, unless from rupture of the tube its character had become lost in the general adhesion formed around the fœtus. The amnios would be more liable to rupture in this, than in ovarian pregnancy, from the less resistance of its envelopes.

From the firm and ligamentous structure of the proper coat of the ovarium, we might anticipate the result we have witnessed in the case of Mrs. K. After the first development of fœtal life, its contractile power would increase from the afflux of the fluids to this organ. This would meet with an opposing force in the increasing size of the ovum. These opposing forces would continue to operate till its contractility became exhausted, and its texture yielded to the distending force.

Had the ovule in the present case been detained between the peritoneal and proper coat of the ovary, we cannot account for the appearance of the lacerated edges, unless it is by the assumption that fleshy fibres were developed by a generative action, and a new coat or matrix formed, possessed of strong contractile powers. This new coat, in contact on the one side with the peritoneum, on the other with the fibrous coat of the ovary, would acquire growth with that of the ovum from the continued operation of the cause which brought it into existence. As this increase of growth must result from interstitial nutrition, as well as from the organization of new fibrous matter, I cannot conceive how the newly formed sac could be liable to spontaneous rupture. This self-destruction of the *pericarpium* (to use a botanical phrase), before the perfection of its seed, is so opposed to the established economy of nature, that we cannot for a moment admit that the unerring principle which should guide in the formation of an enclosure for the new embryo, would endow it with a more limited vitality than would be required for the full development of the fœtus.

On this principle, independent of the anatomical facts, we might contend that the investing covering in this case was not formed for the protection of the ovum, but that the rudiments of the embryo having been casually arrested within the ovarium, that organ served as its matrix till its texture yielded to internal force. The diagnosis, in cases like this, must be somewhat difficult from the similarity of the symptoms to those which occur in some cases of intestinal rupture. The prominent symptoms, such as sudden pain succeeded by great prostration, universal collapse, coldness, inverted peristaltic action of the stomach and intestines, suppression of the urinary secretion, with constipation and a diffused and extreme soreness over the whole abdomen, suddenly supervening on the first attack, are identical in both cases.

The only diagnostic symptoms which can be relied on, are such as supervene from excessive loss of blood. From this cause there would be less inflammatory irritation of the peritoneal surface, and consequently less tension and heat of the abdomen.

Stanstead, *L. C. August* 5, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, AUGUST 19, 1835.

NARCOTIC SUBSTANCES.*

An octavo pamphlet of twenty-nine pages, in double columns, by Dr. Allen, of Middlebury, Vt. extensively known as an industrious, conscientious writer, has been recently received at this office, which treats in a learned, yet popular manner, of the effects produced on the human system by distilled spirits, wines, and tobacco.

In the commencement of the Essay, the author discovers the mildness of his character and his earnestness in the great temperance reformation of the age, by a candid, philosophical examination of the actual properties of the several narcotics which, for several centuries, have been making melancholy devastation in all ranks of society, and extending their baneful influences into the remotest countries of savage life and barbarism.

Satisfied of the correctness of Dr. Allen's deductions, and viewing at the same time the philanthropic object by which he must have been actuated while pursuing the series of investigations embodied in his essay, we congratulate him on the success of his judicious and well-timed labors. This thesis was not written exclusively for medical men, and yet we cannot doubt that it will hereafter be regarded by them as one of the most concise and practically valuable dissertations on the true nature of the several narcotic substances in common, and therefore destructive use Under the direction of those benevolent institutions which are endeavoring to regenerate our beloved country, and ward off the curse of intemperance, it should be immediately stereotyped and circulated extensively, and rapidly, too, throughout the union.

Upon the subject of wines, we are furnished with some historical memoranda, probably new to the majority of readers. After explaining Paul's advice to Timothy, in relation to taking a little wine for the stomach's sake, the writer gives an account of ancient wines, which appear to have been very unlike most of the vile stuff palmed off upon modern purchasers.

"The oriental fermented wines," he remarks, "were less obnoxious than our best imported pure wines. And it is evident that the best and most valued of the ancient wines contained no intoxicating principle whatever. They were, says Chaptal, *mere extracts*, evaporated juice of the grape. Both the Greeks and Romans appear to have frequently concentrated their wines either by spontaneous evaporation or boiling. Whereas, after having undergone fermentation, at the common temperature of the air, wines, especially the weaker, like those of Judea, could be kept to a very great age without becoming impaired in quality. The moderns keep no wine to such an age as that of the ancients. In Italy and Germany there are scarce any to be found which has been preserved more than fifteen years. In France, the wines that keep best are those of Nantz and Orleans, and these are reckoned at five or six years superannuated.

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* An Essay on Narcotic Substances, embracing Intoxicating Liquids, Tobacco, &c. By Jonathan Allen, M.D. Middlebury, Vermont.

"Among the Romans, the age of wines was the criterion of their goodness. Thus the wine compared by Pliny to honey, had been made two hundred years before ; indeed, wines of a hundred years old and upwards, seem not to have been uncommon among the luxurious citizens of ancient Rome. And since the Jews became subject to the Roman power, and had frequent intercourse with Greece, it is reasonable to conclude that wines of great age were also esteemed by this admired people."

"The best ancient wines were reduced to syrups, and in some instances, even to dryness ; and thus prepared, they were capable of being preserved to great age. Aristotle states that the Arcadian wines required to be diluted with water before they were drank ; and Pliny mentions wines as thick as *honey*, two hundred years old, which it was necessary to dissolve in warm water, and filter through linen before they were used.—'This was the case with the wine of Cæcuba, according to Martial :' '*Turbida solicito transmittere Cœcuba sacco.*' "

Unfortunately, the limits of the Journal forbid the republication, this week, of anything more than a few paragraphs. We venture, however, to copy the following, even to the exclusion of other matter.

"Dr. Rush, during five years careful observation in the populous city of Philadelphia, could find only four or five persons who had been intemperate in drinking ardent spirit, that lived to the age of eighty years. These 'had all been day laborers or had deferred drinking till they began to feel the languor of old age.' Dr. Hosack has found that one in ten of the Society of Friends lives ordinarily to the age of eighty years, while the average of human life is such that only one in forty lives to that age. This disparity he very justly attributes to their total abstinence from distilled spirit. From the most accurate calculation it has been ascertained that the difference in the duration of life between the sober and the intemperate, is *thirty years ;* and between the moderate drinker and the abstinent, it may fairly be estimated at *fifteen years.* This shortening of human life from the use of alcoholic drinks, is in a good degree in consequence of the derangement produced on the digestive organs and the nervous system. A gentleman who destroyed himself in the meridian of life by the use of spirit, short of inebriation, continued for some years, informed the writer that he had impaired the tone of his stomach to such a degree that for the last year he had not experienced the sensation of hunger, and that he had for that time taken little or no food except what he could drink, eating was so unpleasant to him. Long life much depends on the healthy state of the stomach. Old people commonly have a good appetite ; when that fails, life is extinguished."

The author's remarks on the pharmaceutical use of alcoholic solutions, and on the nature and use of tobacco, will be noticed hereafter.

It is not customary with us to bestow commendations like these on ephemeral productions; but we have taken a deep interest in the facts contained in Dr. Allen's Essay, which cannot be gainsayed either by physicians or scoffers. He has done most excellent service.

We are not aware that any copies of this Essay are for sale in this city, but we should be happy to transmit any order to the publisher.

Indigo become a Medicine.—From an abstract of an article in Rust's Magazine, No. 3, 1835, an account is given of the recent administration of *indigo* in epilepsy. A *pattern* case, detailed at length, in order to show how it operated like a charm, is altogether too long for republication, and unsuitable to abridge. Dr. Ideler has the reputation of having first brought it into notice as a remedy. The manner of preparing the indigo is in the form of an electuary, containing half an ounce, powdered—which, to one patient, at first, was given in two days—and next, in one. Even six drachms have been given in twenty-four hours. After mature reflection, since reading the paper containing the cases referred to, we are decidedly of the opinion that the medicinal properties of indigo are too feeble to be relied upon in any disease.

American Medical Books.—It is a matter of surprise that more medical books do not originate in the United States. Notwithstanding the difference of climate in this country from that of England, varying indeed from torrid heat to polar severity, foreign works which make little or perhaps no reference to our circumstances, are consulted as infallible guides by the young practitioner. There is no want of materials, certainly, and it would be defamatory to accuse the profession of being incompetent to the business of writing both learnedly and systematically on the diseases with which they are most familiar. With the exception of the medical botany of the Northern and Middle States, we are accused of having made no brilliant achievements in the theory and practice of medicine.

Recent Cæsarean Operation.—On the 22d of June, Mrs. Bate, wife of a bricklayer, at Birmingham, England, at the full period of pregnancy, necessarily underwent this hazardous operation, when every other expedient to save both mother and child had been resorted to. A consultation was held with Mr. Ingleby,—after which Mr. Knowles proceeded to operate, in the presence of several professional gentlemen, and was eminently successful, as the mother and infant were both doing well at the last accounts. The child was baptised *Julias Cæsar.* It will be recollected that the story has been handed down from the ancients, that the Roman Emperor of that name was brought into existence by a similar process—whence the name of the operation.

Medical Reporters.—Within a few weeks, medical lectures will be recommenced in several schools within a few hundred miles of Boston, from all of which, we should be exceedingly happy to receive abstracts of the lectures on theory and practice, surgery and medical jurisprudence. Such a course would be productive of positive advantage to the institution, and in the sequel beneficial to the whole profession. We therefore invite the attention of teachers again, to the consideration of the expediency of allowing reporters to transmit, for weekly publication, synopses of their lectures. There is not a medical institution of any celebrity in England or France, that has not been elevated, and at the same mite especially benefited, by the industry of its reporters.

Ovarian Pregnancy.—We invite the attention of our readers to the extraordinary case reported in the Journal, the present week, by Dr. Colby. Were our readers as careful, generally, to communicate their observations, as this gentleman, an immense mass of important information would be accumulated, alike honorable to themselves and useful to the profession.

Medical Lectures.—We take the liberty of reminding those in the study of medicine who are interested in the Berkshire Medical Institution, that the annual course of lectures will commence at that college on the 27th instant—which falls on the last Thursday of August.

From an intimate acquaintance with the qualifications of the faculty, having formerly been several years associated with the School, we feel warranted in saying that the course of instruction is inferior to that of no institution in the interior.

Case of Twins, one presenting the Color and Form of a Mulatto.—Ch. A., 22 years of age, was delivered at La Charité, Berlin, on the 25th of January, 1832, of two female children, seven months old. The second was immediately distinguished from the first born, by a peculiar blue-gray color of the face, hands, &c. and drew the attention of the mother, who exclaimed, "I thought so."

In size and weight both children resembled one another, but the head of the second child was much more flattened at the sides ; the forehead was low and compressed ; the eyes were more distant from one another ; the lips thick, the nose broad, and turned up ; the color of the face, hands, and feet, resembled that of a person who had taken nitrate of silver ; it was also remarked that the umbilical cord of the first child was white, while that of the second was dark.

Both died a few hours after birth, and were presented to the Royal Museum by M. Rudolphi.

On being questioned, the mother would give no information about the children, but some time after confessed that she had "gone to see" a black in the month of October past. However, it was discovered that for a long time previous to January she had been a domestic in a house where a negro was in the habit of constantly going.—*Lancet.*

We have an indistinct impression that a similar phenomenon occurred in the western part of Massachusetts, some fifteen or twenty years ago. Any physician acquainted with the particulars, will confer a favor by communicating the facts to the Journal.

Re-Vaccination.—The number of Rust's journal from which we have extracted the foregoing, contains the following particulars relating to re-vaccination, which we extract from a circular addressed by the physician-general of the Prussian forces to the army-surgeons in the year 1833 :

1st. Number of persons vaccinated, 48,478.

2d. Of these had traces of former vaccination, 37,286 ; doubtful, 7641; scarcely any trace, or none, 3551.

3rd. The vaccination and its effects were regular in 15,269 cases ; irregular in 12,203 ; without any effect in 21,006 cases.

4th. The individuals in whom the vaccine did not take were again revaccinated with effect in 784 cases ; without effect in 3377.

5th. The number of re-vaccinated soldiers attacked during the course of the year with pocks was fifty-four varicella, fifty varioloid, true smallpox, twenty.—*Ibid.*

Death of a female occasioned by the ignorance of an Accoucheur.—A horrid event, which can scarcely be considered credible, is said to have happened recently to a young married female at Seclin. An *officier de santé* was called to deliver the subject of the case, who had arrived at the full term of utero-gestation. He made several attempts to turn the child, which presented by the arm, and finally succeeded as was thought very well, as the child was delivered alive. Called again by the parents of the patient at about three o'clock in the morning, on account of a violent pain, he proceeded to extract the masses of coagulated blood which had collected in the uterus, and other substances, the nature of which could not be ascertained by the assistants. The woman nevertheless died about seven o'clock, suffering excruciating torment. On the examination of the body, it was found that the uterus had been ruptured, and that the mass which had been extracted with the coagula, was a portion of the intestines, which the operator had severed with his finger nails!

Jour. des Connaissances Medicales, Feb. 1835.

Precocious Menstruation.—Dr. Strohmayer remarks, that in 1816, he saw in the vicinity of St. Polten, a female child, aged nineteen months, who was generally affected during the course of one day with a mucous discharge from the vagina, and for days afterwards with a free discharge of blood, which recurred for some time at regular monthly periods like the menses. The child in other respects was healthy, passed through the vaccine disease kindly, and had all her functions performed regularly up to the age of three years, at which period she died of hectic fever.—*Strohmayer Medecinisch, Praktisch, Darstellung, Wien.*

Medical Graduations.—Twenty-eight medical students were admitted to the degree of Doctor in Medicine, at the recent commencement at Dartmouth College, Hanover, N. H.

Honorary Degree.—That of M.D. was conferred on Dr. Moses Shaw, of Wiscasset, Maine, on the 5th, at Waterville College.

To CORRESPONDENTS.—The Communications of Drs. Chandler, C. Smith, and Ranney, will receive early attention.

DIED—At Cohoes Falls, near Albany, N. Y. Dr. Joseph Underwood, formerly of Pawtucket, R. I.—In Mississippi, Dr. Joseph Cowan, late of Stanton, Va.

Whole number of deaths in Boston for the week ending August 15, 45. Males, 20—Females, 25. Of hooping cough, 4—consumption, 6—diarrhœa, 2—infantile, 4—measles, 3—bowel complaint, 2—inflammation of the bowels, 2—old age, 3—bilious fever, 1—liver complaint, 3—spasms, 2—dysentery, 1—brain fever, 2—apoplexy, 1—drowned, 1—dropsy on the brain, 1—hip complaint, 1—croup, 1—convulsions, 1—cholera infantum, 1—worms, 1—unknown, 1. Stillborn, 2.

BERKSHIRE MEDICAL INSTITUTION.

The Annual Course of Lectures for 1835 will commence the last Thursday in August, and continue *fourteen* weeks.

H. H. Childs, M.D. *Theory and Practice of Medicine and Obstetrics.*
E. Bartlett, M.D. *Pathological Anatomy and Materia Medica.*
C. Dewey, M.D. *Botany, Chemistry and Natural Philosophy.*
W. Parker, M.D. *Anatomy, Surgery and Physiology.*
John Frissell, A.M. *Demonstrator of Anatomy.*

The Trustees of the Berkshire Medical Institution, in issuing their annual Circular, believe themselves justified in promising to those young men, whose local situation or whose personal predilections may lead them to a connection with the School, a course of public instruction as thorough, efficient and practical, as can be enjoyed at any of our various medical establishments. To the branches heretofore taught, which have been the same as in other American Medical Schools, arrangements have been made for the addition of a course of Lectures on PATHOLOGICAL ANATOMY, to be illustrated by morbid specimens and by an extensive series of colored representations of diseased structures.

By legalizing the study of Anatomy, the Legislature of Massachusetts has furnished its Schools with superior advantages for Practical Anatomy. It has also, by this provision, most effectually guarded the sepulchres of the dead against all violation.

Fellows of the Massachusetts Medical Society, and those who have received the degree of M.D. are admitted gratuitously to the Lectures. The degree of M.D. is conferred at the annual Commencement of the Institution and at the Commencement of Williams College. The requisitions for the degree of Doctor in Medicine, are—three full years study under a regular practitioner, attendance on two full courses of Medical Lectures in regularly established Medical Institutions, an adequate knowledge of the Latin language, and a good moral character.

Fee for the whole course of Lectures is $50; those who have already attended two full courses at an incorporated Medical School, pay $10. Graduation, $12. Board, including room rent, washing and lodging, $1 75 per week.

In one week after the close of the Public Lectures, commences the winter Reading Term, which continues 12 weeks, and is devoted to Practical Anatomy, the Principles and Practice of Surgery, and Obstetrics.

By order of the Trustees,
Pittsfield, July 1, 1835. C. DEWEY, *Secretary pro tem.*

Note.—The following authors are recommended to be used by the students during the Lecture Term. *On Anatomy*, C. Bell, Horner, Cloquet, and Wistar. *Surgery*, S. Cooper, W. Gibson, and Sir A. Cooper's works. *Practice and Theory*, Gregory, Good, Eberle, and Dewees. *Obstetrics*, J. Burns, Dewees, and London Practice. *Materia Medica and Medical Jurisprudence*, Beck, Chapman and Eberle. *Chemistry*, Brande, Turner and Beck. July 15—3t

VACCINE VIRUS.

Physicians in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar.* Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

Boston, March 4, 1834.

MEDICAL SCHOOL IN BOSTON.

The Medical Faculty of Harvard University announce to the public, that the Lectures will begin on the first Wednesday in Novem., and continue thirteen weeks, after which time the regular course will be considered as terminated. But for the following four weeks, the Hospital and the Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may choose to remain.

The following Courses of Lectures will be delivered to the class of the ensuing season:

			Fees
Anatomy, and the Operations of Surgery,	by	John C. Warren, M.D.	$15
Chemistry,	"	John W. Webster, M.D.	15
Midwifery and Medical Jurisprudence,	"	Walter Channing, M.D.	10
Materia Medica,	"	Jacob Bigelow, M.D.	10
Principles of Surgery and Clinical Surgery,	"	George Hayward, M.D.	10
Theory and Practice of Physic, and Clinical Medicine,	"	James Jackson, M.D. and John Ware, M D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing. While the violation of sepulchres is prevented, it is anticipated that an ample supply of subjects for the wants of science, will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to Students attending the Lectures of the physicians and surgeons. This Institution contains about sixty beds, which are, most of the time, occupied by patients who are subjects partly of medical, and partly of surgical treatment. Clinical Lectures are given several times in each week, and surgical operations are frequent. The number of surgical operations during the last five years has averaged about seventy in each year.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, June 12, 1835. June 24—tN1. WALTER CHANNING, *Dean.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid.* J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price $3,00 a year in advance, $3,50 after three months, and $4,00 if not paid within the year.—Every seventh copy, *gratis.*—Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XIII.] WEDNESDAY, AUGUST 26, 1835. [NO. 3.

DUPUYTREN'S LECTURES ON SURGERY.

[Communicated for the Boston Medical and Surgical Journal.]

To Dr. A. Sidney Doane, of New York, the medical public are laid under renewed obligations, by his translation of the *Clinical Lectures on Surgery*, by the late *Baron Dupuytren*. The volume now presented contains the first of three courses of lectures which have been published in France, and we are informed by the translator's preface that the remaining courses will shortly be prepared for publication. The plan adopted for the work, may be gathered from the remarks in the original preface by the editor, to which the medical reader is referred.

"The volume which is now presented to the public contains nineteen articles, some of which are entirely new, and others are treated much more perfectly than they ever have been before. *Permanent retraction of the fingers, from the crisping of the palmar aponeurosis*, was a subject heretofore unknown; it belongs entirely to M. Dupuytren, who has given on it a lecture full of interest, and which has been republished in many of the journals. The same remark applies to *Engorgement of the testicles*, which has elicited practical remarks of the highest importance. The lecture on *Burns* is one of those treated with the most talent; and M. Dupuytren's doctrines on this affection are now generally adopted."

We shall proceed to offer a brief sketch of the article on Cataract, which treats of the *Species*, *Operations and Treatment* of this interesting part of surgery; and to give such extracts as may appear to be of general interest and as the limits of this Journal will allow. We may premise that the observations of M. Dupuytren on the existence and probable nature of what has been termed *black cataract*, coincide with the opinions of the most eminent oculists in this country. But the doctrine advanced of a predisposition to cataract in scrofulous individuals, is entirely at variance with the conclusions of some of the best English authors on the subject, as likewise with the remarks made upon cases occurring here, although in a limited circle.

It will be seen that the great French surgeon is a strong advocate for the operation by depression, in preference to extraction of the cataract. In this he follows the opinions and practice of the illustrious Scarpa, who in his celebrated Treatise on Diseases of the Eye, details at some length the reasons of his preference. But on this point it must be observed that M. Dupuytren with discrimination and good judgment maintains the irrationality of employing the same method in all cases; for in surgery, as in medicine, the same mode of treatment cannot be constantly employed to attain the same end. Thus, in cataract, a reference to the circumstances of the individual case, must oblige practitioners to recur alternately to one or the other mode.

" CATARACT, like many other diseases, has been divided into a certain number of species. *Simple* cataract consists in an opacity of the crystalline lens. Another species, nearly as common as the preceding, results from an opacity of the crystalline membrane. This is termed *membranous* cataract. The latter, according to M. Dupuytren's observations, is to the common cataract, as one to one and a half. It is particularly frequent in children, in whom it is sometimes congenital, and in whom Saunders has observed it, twenty-one times out of forty-four cases. It is then most commonly perfect, very rarely imperfect. In adults, it usually forms after blows, contusions and pricks, received on the globe of the eye. It occurs also in scrofulous individuals, and in those who have submitted to the operation of extraction, and where the capsule was not displaced. Finally, when imperfect, it presents itself in variable forms. The most common is that which Saunders terms the *central*, and which was observed long since by M. Dupuytren : it affects the centre of the crystalline capsule. It is sometimes congenital, but generally supervenes after birth."

" Next to this variety of cataract, and the most frequent, is that termed the *milky*, *soft*, or *pulpy* cataract. In this case, the whole of the crystalline lens is very soft ; sometimes, however, this softness is only partial ; frequently even the lens is entirely changed into a white, milky, opaque liquid. The crystalline membrane and the lens are sometimes more or less incrusted with phosphate of lime, and become of a bony hardness ; this is easily recognized by the shock produced by the touch of the instrument against the organ. Cataract in this case, takes place by ossification. Finally, according to some authors, cataract presents another variety, termed *black cataract*. This must be perfectly distinct from amaurosis, and must show itself by certain sensible signs ; sometimes reflecting several colors at once, sometimes brown, and sometimes green, sometimes radiated with white striæ, which extend on a dark base, and in all cases attended with great mobility of the iris. Many surgeons, and among others, Delpech, have denied their existence. Baron Dupuytren, in his vast practice, has never seen a case of black cataract ; and therefore he does not admit them. We have often heard him mention the following fact : Pelleton and Giraud imagined that one of their patients was affected with a cataract of this kind ; they requested M. Dupuytren to examine it, who pronounced the disease to be amaurosis. After some disputes, Pelleton and Giraud persisted in their opinion, and requested him to operate in order that he might be convinced. Baron Dupuytren performed the operation, and extracted a perfectly healthy lens. The operation was followed by no accident, but the patient continued to be deprived of sight, the retina being paralyzed.

" Several facts observed at Hotel Dieu, have led Baron Dupuytren to admit a *hereditary disposition* to contract cataracts. We shall mention but one instance, which occurred at the public consultation, which seems to leave no doubt as to this disposition. Perhaps there is no example so remarkable.

" An aged lady came one day to the consultation, attended by a part of her family. When more than sixty years old, her sight began to be affected ; eighteen months afterward, the two crystalline lenses were entirely opaque. The depression of one of them, as performed by M. Dupuytren, was followed by no accident, and restored to the patient the faculty of sight, which she has since retained ; since at the age of eighty, it is remarkably good. The cataract of the opposite eye has not been operated upon.

" The sight of her daughter began to fail when she was twenty-eight years old ; she was soon unable to go about, but she could distinguish day and night ; the pupils were moveable, the eyes healthy. When thirty years old, two years after the origin of the affection, Baron Dupuytren performed on one of the eyes of this patient, the same operation which had restored the faculty of sight to her mother. Ten years afterward, vision was unaltered on this side. Encouraged by this success, the patient wished to be relieved from the other cataract. The newspapers were filled with the puffs of an oculist ; she applied to him, and the operation was performed by extraction. But, as happens in most cases, this operation was attended with other consequences than the preceding ; severe pains and an intense inflammation prevented the cure ; the cornea became opaque, and the patient lost her eye, while that operated on by Baron Dupuytren was not deranged in its functions.

" The son of this lady, aged seventeen years, had, likewise, two cataracts. They were depressed at Hotel Dieu, and also cured.

" With him the grandmother brought to M. Dupuytren another grandson, in whom the lenses had begun to be opaque, and finally a grand-daughter, whose sight was already obscured, as it were, by a cloud ; a precursory symptom of the opacity of the lens. Here then were a grandmother, her daughter, and three grand-children, all affected with cataract ! This case is curious, both on account of the disposition of this family to this kind of affection, and for Dupuytren's success.

" This professor has had occasion to operate on a great number of congenital cataracts, and to make some remarks on the consequences of these operations, which will be read with interest. But, he says, I must here observe, that I have never seen the strange things mentioned by several authors, nor have I heard remarks from persons I had restored to sight, upon the distance, form and color of objects, which remarks have caused so many commentaries on the part of metaphysicians and idealists. On the contrary, I have most commonly remarked that those who are blind by cataract, whether congenital or existing for many years, being accustomed to live with but four senses, were generally embarrassed with this, the use of which had been restored to them. They have had trouble in combining its action with that of the others ; they have often shown so much reluctance in using it, that I have been compelled several times, to deprive them of one, and even of two of their senses, to induce them to exercise the power of vision. Thus, I have been obliged to stop up the ears of a child, who was guided by sounds, or by the impressions he received from touch ; he carried his hands constantly before him, as if they were tentacula."

Accident first led Dupuytren to perform the operation for cataract through the cornea; a mode described by Saunders as the Anterior Operation, but more generally known by the term Keratonixis, which consists in depressing or breaking up the cataract from before backward, after perforating the transparent cornea with the needle.

"The following have been the results of twenty-one operations of this kind performed by Dupuytren, on individuals of different sexes and temperaments, presenting cataracts with various combinations, and such as are commonly found in individuals taken at random. Of twenty-one operations to which Dr. Marx was requested by M. Dupuytren to attend, eleven have been immediately and permanently successful, six have terminated successfully at the end of a month; in two, nervous symptoms supervened; five have been affected with slight ophthalmias; in two, an inflammation of the iris appeared; in one, an inflammation and atrophy of the eye ensued; in five, the remains of the crystalline membrane have adhered to the circumference of the pupil; in four, a second and even a third operation have been performed. One patient lost his eye from inflammation, in another the faculty of sight has been obstructed by the formation of an opaque cicatrix before the pupil; finally, two others have been affected with amaurosis independent of the operation and of its consequences, which has prevented the cure.

"In conclusion, seventeen individuals out of twenty-one, recovered their sight, that is, four-fifths, plus one, of the patients operated on. This result does not differ sensibly from that obtained by M. Dupuytren, by puncturing the sclerotica."

But he found the operation by Keratonixis preferable particularly in children affected with congenital cataract, in whom the eyes are invariably agitated with convulsive movements, or with continual oscillation of the eyeballs. In these cases Keratonixis is adopted very generally, if not exclusively, by surgeons of experience.

The rules laid down by M. Dupuytren for the observance of the surgeon preparatory to performing an operation, relative to the state of the atmosphere, the prevailing medical affections, as well as the general state of the patient and the nature of the affections that may be concomitant with the cataract, are worthy of the most serious attention. Thus, in our climate it is well known that rheumatism in persons past the middle age, is not an infrequent attendant with cataract and other affections of the eyes. "If a rheumatic affection exists (concomitant with cataract), the operation may cause a determination of it to the head; the eye and its appendages become painful; and a severe ophthalmia often shows itself. It matters little whether this effect be produced by rheumatism or by irritation, it is never prudent to operate in these cases, and experience has shown the bad symptoms which may follow. We must then treat the rheumatism with remedies, and if we decide to operate while any wandering pains exist, a blister must be applied to some part remote from the head." The same rules are of course applicable to other complications with cataract.

We are indebted to M. Dupuytren for an observation of some practical importance relative to the operation by depression, when from any cause there is a tendency in the opaque lens to reascend, viz.: that the danger of the operation is diminished, the more frequent its répetition in the same individual; and in support of this opinion he cites the case of a patient, in whom the cataract was depressed four times in as many months.

"In these cases, the crystalline lens is generally soft and downy on its surface, a proof of the action exercised upon it by the absorbent vessels; a patient recently operated upon at Hotel Dieu has offered an instance of this."

"The crystalline lens, which is retained in its capsule firmly in the healthy or transparent state, seems more susceptible of displacement when its transparency is lost. Some individuals possess even the power of making the opaque crystalline lens pass at pleasure from one chamber of the eye to the other. A remarkable case of this kind is related by Demours, in his Treatise on Diseases of the Eye."

"'I have sometimes seen the opaque crystalline lens pass through the pupil into the anterior chamber, and thence return into its place. Some patients can execute at pleasure this alternate displacement. Dr. Tillard and Surgeon Bunsel were with me, July 3d, 1817, where we saw M. Gastel, who was affected with cataract, cause the opaque lens to pass into the anterior chamber, and again behind the iris. M. Gastel is a shoemaker, thirty-one years old, and is of good constitution. The cataract in his right eye commenced when he was six years old; the opaque crystalline lens gradually descended behind the iris, about the period of puberty. It was invisible when he was eighteen years old, and passed into the disorganized vitreous humor. When nineteen years of age, while actively engaged in military service, this body passed before the iris. The continual pain of the patient obliged him to obtain his discharge. I proposed to extract it, but the patient desiring to avoid the operation, I advised him to drop into the eye a little of a watery solution of the extract of belladonna, to dilate the pupil, and facilitate the return of the opaque lens behind the iris; to favor this return, by reclining for twenty-four hours on his back, and even during this time, to lean the head occasionally towards the floor, so that the vertex should be lower than the neck; finally, to drop in a few drops of vinegar as soon as the lens had disappeared, in order to excite an artificial inflammation, capable of causing the dilatation of the pupil to cease, and even of rendering its diameter smaller than before he used the belladonna; a process which I have found useful in certain cases. This was done, and followed with the success I expected.

"For eight and a half years, M. Gastel was not incommoded with this singular accident, which has occurred again for two years, three or four times a month. If he bends the head quickly and carelessly, the lens passes before the iris; he then suffers, and is incapable of occupation, until laying on the ground, the chin raised and the vertex downward, he causes it to re-enter by strongly rubbing the globe of the eye with the upper eyelid. I shall probably extract it some day.'"

In the removal of the dislocated lens from the eye, M. Dupuytren, in 1819, deviated from the common mode of operating, but for what reasons does not appear. The case however is a curious one, and as it concludes the article on cataract, we beg leave to transcribe it.

"A soldier, thirty-four years old, entered Hotel Dieu November 2d;

the anterior chamber of his left eye was completely filled by a rounded body of a pearly white color, and formed by an opaque lens, which had escaped spontaneously from the pupil, apparently at the time when the patient forcibly bent his head. The eye was red, painful, inflamed and watery, and there was intense headache. Venesection, a bath and purgative arrested these symptoms, and M. Dupuytren performed the operation two days afterward as follows.

"The patient laid in bed, the head raised by pillows; the needle was introduced about two lines from the union of the transparent cornea with the opaque cornea; the operator passed it through the posterior chamber, penetrated into the anterior, hooked the crystalline lens, brought it into the posterior chamber, at the base of which he held it depressed for some time; he then withdrew his needle. The patient saw the hand which restored sight to him, and distinguished the persons who assisted at the operation. The sequel of this case was fortunate. The patient left the hospital six days after, the pupil perfectly clear, seeing very well, and not feeling the least pain. M. Dupuytren's operation in this case, was to introduce the needle through the sclerotica, into the posterior chamber, proceed into the anterior, fix the crystalline lens, bring it into the posterior chamber, and then depress it into the the vitreous body."

Finally, we desire to make our acknowledgments once more to the translator for presenting to us in an English dress, "the ideas of M. Dupuytren on Cataract;" and although we could wish that some of the remarks were less obscure, it would be unjust to deny, with a few exceptions, the merit of originality, combined with sound general principles and extensive experience.

Boston, *August*, 1835.

PANCREATIC SARCOMA.

[Communicated for the Boston Medical and Surgical Journal.]

Mr. Editor,—If, in your judgment, the following case of "*Pancreatic Sarcoma*" is of sufficient importance to merit a place in your valuable Journal, you will oblige a subscriber by its insertion. Were *unfortunate* cases oftener published, exhibiting errors in theory, and mistakes in practice, although individual pride and possibly reputation might suffer, yet it is believed that the science of medicine would be thereby improved.

Amos Howard, Esq., of Jamaica, Vt., æt. 63, when about thirty years of age discovered a small indolent tumor, immediately under the angle of the jaw upon the right side. It gradually, but slowly increased in size, being troublesome only by its bulk and weight, except once or twice within the last few years, when some portion assumed the inflammatory action and suppurated, but afterward healed as kindly as any other part of the body, without affecting at all the general appearance or condition of the tumor.

At length its size became so enormous as to rest upon the thorax, as low as the sixth or seventh rib, measuring about seven inches by twelve, and weighing, after its removal, nine and a half pounds. The skin, at length, from the long-continued and violent distention, ulcerated and sloughed in various places, giving discharge to an ichorous offensive matter; and in spite of every treatment adopted, the ulcers spread and showed no disposition to heal. The general health suffered, and the removal of the tumor seemed to afford the only chance of recovery.

On the 2d of December, 1834, Dr. Twitchell, of Keene, N. H. with necessary assistants, proceeded to the operation, which was performed with his usual dexterity and skill. It was found involving no very important parts. Although it lay immediately on the large vessels of the neck, it was not encysted, and required careful dissection throughout the whole extent. No artery of much magnitude was divided; several required the ligature, but were of a small size, and were mostly near the surface of the tumor. After the wound was dressed and the patient conveyed to his bed, so much hemorrhage occurred from the wound as to render it necessary twice, in succession, to remove the dressings, and it was only at last effectually suppressed by pressure applied by the fingers of an assistant. The hemorrhage seemed to be rather an oozing from a large surface, than traceable to particular bleeding vessels, and no doubt was in a considerable measure venous. The attaching surface was of an oval figure, and probably about seven inches by five. The operation was necessarily tedious, but was borne with greater fortitude than was anticipated. The most unfortunate occurrence was the division of the facial nerve, by which the right side of his face was partially paralyzed, and his mouth assumed a position further to the left than natural.

There were other tumors of a small size, but of a similar character, immediately under and in the vicinity of the large one, but the patient was too much exhausted to bear their removal at that time.

The wound healed in three or four weeks, without any special occurrence, and he expressed himself more comfortable, except some remaining debility, than he had been for several months. This exemption, however, from pain and suffering, was of short duration. On the 12th of January, six weeks from the operation, and perhaps three from the time the wound was cicatrized, I was summoned to my patient on account of general ill health. His main complaint was pain in the lumbar region, with general distress; his tongue foul and his breath fœtid; a copious secretion of mucus from the fauces, and a slight cough; pulse weak and but little accelerated; bowels constipated. A cathartic, with a few of Dover's powders, afforded considerable relief; but the abatement was of short continuance. The pain in the back and lower limbs was excessive, and could only be controlled by opium in some form or other; his bowels obstinately costive; stools, when procured, dark and extremely fœtid; tongue heavily loaded with a brownish coat; breath very offensive; general soreness of the flesh, and chose to lie wholly upon the back; pulse generally soft and slow; cough scarcely noticeable, and respiration long and free.

The small tumors before spoken of, especially one on the left clavicle, which at the time of the operation was not larger than half a walnut, increased rapidly in size, were somewhat inflamed, tender to the touch and slightly painful. There was an evident œdema all along upon the sternum and ribs of the left side, and the whole extent tender upon pressure.

Cathartic, alkaline and alterative medicine, in various combinations, with cupping and blistering upon the loins, were tried with but little alleviation to his sufferings. Also cicuta, hyoscyamus, belladonna, &c. of the narcotic tribe, but with no essential relief. Nothing but opium or morphine, in increased doses, would appease his moans, or render existence tolerable. When interrogated in relation to the locality of his distress, the reply was invariably, "In my back and all over me." No particular vertebræ were specially tender upon pressure, nor did blistering or other irritation afford any relief. During the last ten days of his existence, the cough was more urgent, but was not considered by any medical friend, though many saw him, as a prominent symptom. Expectoration very easy, and consisting of common mucus; he even laid with his head low, and his respiration was uncommonly long and free. His urine deposited a copious pink-colored sediment from the beginning; perspiration by turns excessive, but no regular hectic paroxysms were noticeable. The surface of the body was generally cooler than natural, and required artificial heat and friction to make him comfortable. With these symptoms, slightly varied from day to day, he rapidly emaciated, and sunk under his accumulated sufferings, February 23d, about six weeks from the attack, and twelve from the operation.

Examination, 24 *hours after death.*—The tumor upon the left clavicle was first removed. It was apparently of the same structure of the larger one. It occupied or covered more than half the length of that bone, to which it was closely attached, adhering firmly to the periosteum. On cutting into its substance and scraping it with the back of the scalpel, the instrument was evidently besmeared with pus, although no particular ulcer or cavity of matter existed. Its weight, probably, was two or three ounces, and which at the time of the operation could not have exceeded as many drachms. On raising the sternum, the first deviation from healthy appearance discoverable was hydrothorax; from sixteen to twenty ounces of serum were removed, some from both sides, but principally from the left. On examining the lungs, they were found to contain several tumors, and some of considerable magnitude. One, of the size of a goose egg, and of a similar form, occupied the superior portion of the left lung, and weighed at least six or eight ounces; others, of smaller dimensions, were scattered through both lobes—yet not so numerous nor so small as is often found in tubercular cases. They appeared to possess the same pancreatic structure which distinguished the large one, first operated upon, and were also semi-purulent throughout, like the one described upon the clavicle—containing no vomica or abscess, but the matter diffused through their substance, like being contained in vessels. The thoracic viscera in other respects natural.

The abdominal department was examined with care, but no variations from healthy structure were detected.

It is to be regretted that the spinal column was not dissected.

W. R. Ranney, M.D.

W. Townshend, *Vt. July*, 1835.

EXTRACT FROM A LECTURE ON THE PHYSIOLOGY OF THE EYE.*

BY CHARLES SMITH, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

The physiology of the eye has been handed down from one to another, like the history of Europe or America, without even a conflicting opinion of the correctness of the theory. If this had been the comparative march of the science of Anatomy, we should not have learned yet that the blood flows in the arteries, or that the heat of the body is generated in the lungs.

I will admit, however, that there are different opinions or representations of the refractive bodies, in the passage of the rays from the lens to the retina; as, for instance—one author will represent two cones of rays, and another six or eight, as if it were necessary for every point of an image to have an appropriate pencil of rays; and all agreeing that the rays are collected into foci upon the retina, and also that it is necessary for the image to be inverted upon the retina, in order to give a clear perception of the external scene.

For the present purpose I will give a brief view, from our most approved authors, of the refractive bodies of the eye, and then proceed to my demonstration, with the anticipation of its being (as to its correctness) admitted.

1. The superior density of the cornea and the sphericity of its surface, are considered sufficient to converge the rays towards the retina.

2. The aqueous humor is to diminish the convergence of the rays—at least this is the opinion of some authors.

3. The crystalline lens causes the rays to form a focus upon the retina, and

4. The vitreous body serves to converge the rays a little.

The above is an abstract view of the prevailing notions, to which I will add

First. The cornea serves to increase the amount of light, in proportion to its refractive power, which operates only on those rays that fall obliquely on its surface; but those that pass through the cornea in a perpendicular line are not bent at their insertion or emergence. Its power of refraction, then, is only equal to a plane surface; but that of increasing light is by the convergence of the rays in their passage through the cornea, after which they form a beam of light, a part of which passes through the pupil, and the remainder is reflected or absorbed by the iris.

Second. The aqueous humor we allow is of inferior density compared with the cornea and lens, and is superior to the atmosphere; consequently the rays are refracted, or would be in proportion to its density, should their direction be oblique to its surface. The rays having formed a beam of light at their emergence from the cornea, they are suffered to pass through the aqueous humor without any modification.

Third. It appears that the crystalline lens is the only refractive body of the eye, that has the power of bringing the rays to a focus. By this body, then, the rays are collected into foci at the distance of from one to two and a half lines from the retina, in the vitreous body, at which point they cross and diverge so as to be impinged upon the retina. At least when an object is held up before an eye, from which the opaque coats are removed at the posterior part, and their place occupied by a piece of oiled paper, and allowing the rays of light to pass on all sides of the object, there appears to be an imperfect shadow upon the paper, and it is inverted ; but it does not prove that the image is impinged upon the retina, and indeed I think it cannot be, because the light is necessarily absorbed by the choroid coat. Now, if the rays did not form a focus prior to being impinged, the image would appear erect upon the retina, as it does in nature, for the reason that the cornea and the aqueous and vitreous bodies have not the power of inverting the image upon the retina. The crystalline lens may be extracted, depressed or absorbed, and yet there is perfect vision. If it is necessary for the image to be painted upon the retina and inverted, by the refractive power of the lens, it would in the absence of this body appear inverted to the sensorium, and its shadow upon the retina would appear erect, as it does in nature—i. e. if it were necessary for the image to be inverted upon the retina, to make it appear erect to the sensorium, the absence of the lens would show the shadow erect upon the retina, and inverted to the sensorium.

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* Delivered before the Lyceum at Le Roy, N. Y. July, 1835.

Fourth. The vitreous humor having but little refractive power, is probably placed in the eye merely for the purpose of giving figure to the globe, and extending the focal distance required by the crystalline lens to cross the rays before they reach the retina. At the focal point there is more light than in the converging or diverging cones, which this camera obscura seems to require for its clear perception of objects.

Is it not a fact that the cornea forms a beam of light at the emergence of the rays from that coat, and is suffered to pass through the aqueous humor in a straight line ? Does not the crystalline lens bring the rays to a focus before they reach the retina ; and is it not immaterial whether this body exists or not, or whether the image or shadow appears erect or inverted upon the retina, for distinct perception ? I think the answer must be in the affirmative, and that there need not remain a doubt as to the transportation of the image from the retina to the sensorium ; because this estimation of the refractive bodies (if it be correct) most certainly proves that the object is seen externally as it exists in nature, and that the image is not necessarily impinged upon the retina, but is conveyed to the sensorium through the optic nerve, as the concussion of the atmosphere upon the tympanum (causing vibration), is transported through the auditory to the same seat.

BLISTERS, IRRITABLE, ULCERATED.

[Communicated for the Boston Medical and Surgical Journal.]

THE publication of extraordinary medical facts and cases is valuable, and worthy of a place in a medical journal ; but it is the every-day disease, and the accidents connected with daily practice, which hazard more of health and of life than the cholera or yellow fever.

In a practice of twenty-five years, I have seldom seen prescriptions more completely useless, and many times hurtful, than in treating irritable or ulcerated blisters. Patients of all ages are obnoxious to the first, the irritable state, occasionally to the second, the ulcerated by no means necessarily following. The ulcerated state most usually occurs in small children, and when the blister has been applied to the throat, chest, or abdomen ; and here they sometimes prove fatal, either by terminating in gangrene, or exhausting the little patient by long-continued and excessive purulent discharge. The state of irritation, though very tedious and painful, mocking the every effort of physicians and nurses to allay it, in adults seldom or never proves fatal, but in small children it may.

Some may deem this subject of too little importance to occupy the pages of a medical journal. Dr. Channing thought otherwise. See N. E. Journal of Medicine and Surgery for 1826, vol. 15, page 235. The doctor there reports two cases, one of which proved fatal.

So fearful am I of the evil effects of blistering little children under six or seven years of age, that I seldom resort to it in any case. The younger, the more hazardous. The various modes suggested by others to avoid the evil have often failed. The removing the plaister in the course of one or two hours, and sometimes less, I consider no security against its dreaded effects ; and in the various kinds of dressings, I find no antidote.

I have never fully tested the virtues of nitrate of silver, as advised in ulcers, &c. by Higginbottom ; and in the ulcerated state, with little children who almost have fits at the sight of a doctor under such circumstances, I apprehend there might be difficulty, if not danger, in its application, from their restlessness and fears.

My object is to solicit information, and I hope the subject may be thought worthy of some of your correspondents' attention. What is the best means to prevent a blister becoming irritable ? What will best relieve it when irritable ? When in little children the blister becomes ulcerated, not disposed to heal, discharging much purulent matter, what is then to be done ? what with safety will suppress the discharge and heal the ulcer ?

CALVIN JEWETT, M.D.

St. Johnsbury, Vt. August, 1835.

PHARMACEUTICAL USE OF ALCOHOL.

FROM DR. ALLEN'S ESSAY ON NARCOTIC SUBSTANCES.

THE use of alcoholic dilutions as pharmaceutical agents is essentially different from their use on account of their own specific and inherent medicinal qualities. Properly used as solvents of some medicinal substances, as camphor, opium, &c. they are convenient, and void of very material pernicious consequences. In these instances they are simply to be regarded as vehicles, and have no more claims to the title of medicine than the apple sauce or molasses in which a portion of calomel may happen to be administered.

The use of these articles even in this way requires certain fixed and definite rules. Dr. Rush interdicted the use of ardent spirit in bitters, and in all cases when used as a solvent restricted its employment to those cases which in consequence of the activity of the medicine, required to be given in drops or minimum doses. Thus used, the effect of the alcohol in consequence of the smallness of the quantity, is so imperceptible that no essential evil can possibly result, although it may vary only in degree from that of a larger portion.

It is a fact, however, that diluted alcohol as a solvent has in many instances needlessly and disadvantageously been introduced into our best systems of Pharmacy. Some articles of medicine can just as well be prepared for use without the alcoholic liquid, and others are rendered less efficacious and convenient by their combination with alcohol. For instance, guaiacum as a general rule, by solution in alcohol, or ardent spirit, is not only rendered less pleasant to be taken, but less efficacious. Iodine, too, which is usually administered in an alcoholic solution diluted with water, is more appropriately given when dissolved in alkali, which is its proper solvent, than in alcohol. When dissolved in alcohol and taken diluted with water, as it is usually, considerable of the medicine is lost by precipitation. The same objection may be made to the alcoholic solution of guaiacumi ; but what constitutes a greater evil in this instance, is the burning or pungent taste of the solution, and its being rendered more heating to the system, and hence rendered pernicious in those cases where it might have been otherwise used advantageously. Upon this subject, Dr. Cullen long since observed, " Several physicians have apprehended mischief from the use of guaiacum in a spirituous tincture, *and I am certain that it sometimes happens.* It is therefore that, in imitation of the very respectable Berger of Copenhagen, I avoid the spirituous tincture of guaiacum, and employ almost only the diffusion of it in water." This medicinal agent is much more pleasantly taken when reduced to a powder in combination with loaf sugar and cassia-buds or cinnamon, and diffused in *cold water*, than in any alcoholic solution, and its efficacy in all cases equal, if not superior, without so many inconveniences as the solution. Many other instances might be adduced in which the narcotic alcohol is inappropriately used as a pharmaceutic agent, and in some instances, even in direct violation of some of the most obvious and acknowledged rules of Pharmacy.

It is often asked, if alcohol be dispensed with, how shall physicians and apothecaries prepare for use the resins and gum resins ? To which it may replied that the alkalies are the best solvents for these articles. The *liquor potassæ* will dissolve any resin that alcohol will, and when properly diluted is medicinal itself. It is alterative, deobstruent and antacid, and has long been successfully used in dyspepsia and scrofula. The old *elixir proprietatis* is certainly more efficient in most instances, made with diluted liquor potassæ, than with diluted alcohol. The effect of *potassæ* upon the stomach, administered in such quantity as is requisite with this medicine, is salutary, while that of alcohol is to impair its functions.

Let the experiment be fairly made by any well-informed and intelligent practitioner, who is bound to no *school* nor *wedded to any system* but *truth*, and I have no hesitancy in asserting the advantage will be found greatly on the side of an absolute and entire rejection of all the intoxicating liquors as ordinary medicinal agents. In the absence of better articles they may indeed temporarily seem to serve as a substitute for something better, on the same principle that some persons to prevent starvation have eaten the flesh of dogs, cats, &c., but such a case will rarely occur in our country.

This question is most satisfactorily settled by using alcoholic solutions for a series of years in the numerous diseases in which they may, at times, appear to be indicated; and then for a series of years to try other agents in the same pathological states of the system. This course will be fair, and the result in all cases I have no doubt will be in favor of the abandonment of the use of spirituous medicines. All active remedies are useless and worse than useless which cannot be shown to accomplish some useful purpose.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, AUGUST 26, 1835.

INFANTILE REMITTENT FEVER.

Dr. Alexander, an eminent physician of Manchester, Eng. has recently called the attention of practitioners to the consideration of a hitherto neglected subject—infantile remittent fever. He complains, and very justly, that the diseases of childhood have had a sort of indiscriminate treatment, without that special regard to the true nature of their maladies, which the great mortality that marks the progress of infantile years, would obviously seem to demand. The same remark might doubtless be made with propriety in relation to the general mode of treating the diseases of infancy in this country. With no class of patients is it so difficult to ascertain the precise character of their complaints; and certainly it will be admitted that to this, in some measure, is to be imputed the melancholy loss of such numbers of promising children as are annually swelling the bills of mortality. But though infantile pathology is thus beset with difficulties, a conscientious practitioner will not on that account labor with less earnestness to understand the nature of those secret agents which so early and so frequently sever the silken thread of life. Without an accurate and definite knowledge of infantile pathology, how is it possible to prescribe medicines judiciously? Yet nothing is more common than to be in such haste, that little or no good is derived from the slight examination the physician makes of indisposed infants. A few simples of the materia medica, which are commonly admitted to be incapable of doing harm, and too often found to do no good, are sometimes alone resorted to, and the little sufferer actually dies a martyr to neglect.

Dr. Alexander avers that the remittent fever of childhood has received such a variety of names, that this circumstance, of itself, is sufficient to lead to serious errors in practice. Atrophia infantilis, marasmus, infantile fever, tabes mesenterica, infantile hectic, besides several other popular terms, really all mean the same thing.

The disease, says this able gentleman, presents three distinct periods, during which there are certain symptoms, requiring the institution of a corresponding treatment. In the first stage the child is languid, listless and drowsy, with a changeable countenance, a varying appetite, thirst, and irregular bowels. At certain times of the day it is more indisposed than at others. The remissions are such as to misguide and blind the physician to the danger. With the exception of the abdomen, the body emaciates, the pulse is quick, and a convulsion is no uncommon occurrence. If the disease is not arrested, the second stage presents the following peculiarities:—Emaciation becomes very considerable, the strength is reduced, the thirst increased, the mind confused, and the child picks the nostrils, fingers or lips, and appears confused and oppressed during the evening exacerbations. Food is badly digested, if taken at all, and the bowels are tumid and sometimes painful to the touch. In the day the skin is hot, hard and dry, the pulse being nearly 110, and not unfrequently much higher. Next, the abdomen becomes tympanitic, and stupor comes on, or delirium, the almost certain precursor of death.

These are among the evidences of remittent fever, but the genuine cause remains a mooted point with professed writers on pathology. Inflammation of the mucous membrane of the stomach, ulcerative patches of the ileum, chronic enlargement and subsequent ulcerations of the mesenteric glands, &c. are among the frequent accompaniments of the fever, but no satisfactory cause has been assigned, and therefore the opportunity presents itself to the benevolent of improving the mode of managing this disease.

Communications on this subject, which has been suggested to ourselves by the perusal of Dr. Alexander's remarks, would be exceedingly prized, particularly as the season is advancing when febrile affections are particularly manifested among children in the Northern States.

HEALTH OF BOSTON.

Having regretted, in common with our fellow citizens, that an impression should have been made abroad that this city was particularly unhealthy, we are happy in announcing that the town has never been more completely free from fevers, than at the present time. There has not been a prevalence, to our knowledge, of any one disease, for nearly a year. The weekly bills of mortality, made out carefully at the Health Office, are the best evidence of the facts. Knowing from personal observation the actual state of the public health, and fully believing there is not a city in America, where such a multitude of people are closely congregated, more highly favored in respect to immunity from disease, we feel a satisfaction and boldness in repeating that Boston is in excellent health.

London University Medical School.—Lord Brougham, on a public occasion, recently pronounced this a flourishing institution. His words were, that " it was unquestionably the most flourishing and best attended in this country " (England). It will be well for young Americans who are on the *qui vive* for being finished professionally, in Europe, to keep in mind the declaration of his lordship—a man eminently qualified to estimate the proper value of anything. Still, we are altogether opposed to the migratory manner of studying medicine and surgery which has so long been fashionable in the United States. Physicians cannot be better educated abroad than at home, provided they pay half the attention to their studies here, that they generally bestow on trifles on the opposite shores of the Atlantic.

Vaccination in Paris.—The Mayors of Paris have urged the inhabitants of their districts to cause their children to be vaccinated, as during the present season of hot weather, says the London Morning Herald, of July 11th, the smallpox is much more violent. The operation is performed, gratuitously, in various quarters of Paris, at the public expense, as it is in Boston and Philadelphia.

Dupuytren's Legacy.—The Moniteur, of recent date, contains a Royal Ordonnance, authorising the faculty of medicine of Paris to accept the legacy of 200,000 francs bequeathed to the institution by the late Baron Dupuytren, dated October 21st, 1834, and to apply it in founding a lectureship on internal and external pathological anatomy.

Helleborus Niger in Intermittent Fever.—Dr. Berndt remarks, in his *Klinische Meittheilungen*, that in the treatment of quartan agues he seldom employs the bark or its preparations, but relies chiefly on the black hellebore in large doses, as recommended by Hildanus. He obtained the best effects from it when administered in the following formula:

R. Extract. Hellebor.
Ammon. Muriat. āā ʒii.
Extract. absynth. ʒi.
Aqua menth. pip. ℥i.

Of this mixture a table-spoonful was administered every two hours. Twelve cases out of thirteen were cured by this method, and it was only found necessary in the thirteenth, to call in the agency of the bark.—*Hecker's Wissenschaftlichen Annalen der gesammt. Heilkunde.*

Nux Vomica in spasmodic Asthma.—A case is reported in Kauch's *Gesti und kritik der medec. chirurg. Zeitschriften*, of a young man, aged twenty years, who after having employed all the most efficacious remedies for spasmodic asthma without success, was effectually relieved by the continued use of nux vomica. The habitual difficulty of respiration subsided, and the paroxysms of asthma disappeared and did not return.—*Strohmayer Medecinisch. Prak. Darstellung.*

Cure of Jaundice.—Frere Le Ome used to cure jaundice by giving a drachm of dried and powdered walnut leaves, infused in a glass of white wine every morning fasting. From fifteen to twenty doses were for the most part sufficient to annihilate the disorder.—*N. A. Arch.*

To Correspondents.—The Communications of Dr. Osgood on the Yellow Fever of Havana, of Dr. Williams on Poisoning, and of Dr. Reed on the Ohio Medical College, are on file for publication. We have also received Dr. Parsons's Prize Dissertation on Cancer, which will require a double number of the Journal, and of which further notice will be given previous to publication.

Died—In Hoboken, N. J. Dr. Richard Stevens, aged 44.—In Bedford, Pa. Dr. William Watson.

Whole number of deaths in Boston for the week ending August 15, 46. Males, 26—Females, 20.

Of typhous fever, 1—old age, 1—hives, 1—infantile, 4—dysentery, 4—throat distemper, 1—measles, 3—dropsy on the brain, 1—dropsy, 1—disease of the spine, 1—complicated disease, 1—bilious fever, 1—diarrhœa, 1—scarlet fever, 3—rickets, 1—hooping cough, 2—inflammation of the bowels, 3—accidental, 2—fever, 1—drinking cold water, 1—liver complaint, 1—lung fever, 1—palsy,—teething, 1—worms, 1—disease of the heart, 1—consumption, 3—cholera infantum, 1. Stillborn, 2.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of MEDICAL INSTRUCTION, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive Clinical Lectures on the cases which they witness there.

Instruction, by examination or lectures, will be given in the intervals of the Public Lectures of the University.

On Midwifery, and the Diseases of Women and Children, and on Chemistry	By DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica - - -	By DR. WARE.
On the Principles and Practice of Surgery - - - - - - - - -	By DR. OTIS.
On Anatomy, Human and Comparative - - - - - - - - -	By DR. LEWIS.

For the greater accommodation of the Class, a room is provided in the house of one of the instructers, having in it a large library, and furnished with lights and fuel, without charge to the students.

The Fees will be, for one year, $100. Six months, $50. Three months, $25.

The Fees are to be paid in advance. No credit will be given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to DR. WALTER CHANNING, Tremont Street, opposite the Tremont House, Boston. 6m.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR

Boston, April 1, 1835.

DR. BUXTON'S PATENT PAPILLARY SHIELD, OR PROTECTOR, FOR LADIES' SORE NIPPLES.—This new and useful instrument guards the nipple from all external pressure, and allows the milk to be drawn away by the child with perfect ease and freedom. It consists of a circular stock of wood, ivory, or other suitable material; the lower part of which is about two inches in diameter, and forms an exterior rim of about one third of an inch around the superior part of the stock, which is also circular, and is about an inch and a half in diameter and about an inch deep. A circular chamber of about one inch in diameter is perforated through the lower centre of the stock. This chamber receives the nipple, when the lower surface of the stock, which is rendered slightly concave, is applied to the breast. By a metallic plate inserted in the top of the stock, is fixed a teat covered with gum elastic, for the accommodation of the child's mouth. In the side of the instrument is a small aperture communicating with the chamber, closed on the outside by a spring key, the use of which is to supply the chamber with atmospheric air, when necessary; air being the only pressure required to expel the milk through the excretory ducts of the lacteal glands or vessels of the nipple.

In using the above instrument it is necessary that its chamber should be large, moderate, or small, according to the size of the nipple—therefore the purchaser should ask for a proper sized one—as a perfect operation depends upon this precaution.

☞ Sold wholesale and retail in Boston, by WILLIAM WARD, No's 26 and 27 India street, and PEIRSON & ROWLAND, Apothecaries' Hall, 188 Washington street, and Apothecaries generally.

PHILOSOPHICAL APPARATUS.

JOSEPH BROWN, of the late firm of BROWN & PEIRCE, 87 Washington Street, up stairs, manufactures and keeps constantly for sale, a large variety of apparatus, illustrative of the different departments of science, as Mechanics, Hydrostatics, Pneumatics, Electricity, Galvanism, Magnetism; Optics or Models of the Eye, and Acoustics or Models of the Ear, two beautiful pieces of apparatus (devised by J. V. C. SMITH, M.D.), of great worth to the medical student and anatomical lecturer. All the above articles are manufactured of the best of materials, and in a thorough manner.

Models of the Eye and Ear may be seen at the office of the Medical Journal.

Boston, May 6, 1835. 3t.

MEDICAL AND SURGICAL EDUCATION.

THE subscriber continues to receive medical pupils at the United States Marine Hospital, Chelsea, and to offer them the following advantages.

The institution at present contains seventy beds: all of which are occupied during the autumn and winter by the subjects, both of medical and surgical treatment. The number of patients in the spring and summer is rather less. The average number daily, throughout the last year, was between fifty-five and sixty. The number is annually increasing. A greater variety of disease is thus presented, than is to be found in those hospitals exclusively appropriated to the poor of any city.

The students have unrestrained access to these cases during all hours: as also to the extensive apothecary shop connected with the establishment.

A valuable medical library is offered for their use.

Facilities for the cultivation of demonstrative anatomy, are afforded through the winter.

The students are provided with a suitable apartment in the hospital, which is furnished with fuel and lights, without charge.

Fees, $50 a year.

Board may be procured in the vicinity of the hospital, at from $2,50 to $3,00 per week.

Boston, April 21, 1835. (April 29.—tf.) C. H. STEDMAN.

JOHN S. BARTLETT, M.D. M.M.S.S., late of Marblehead, has removed to this city, and may be found at the house of Thomas Murphy, Esq. No. 22 Atkinson Street.

Boston, August 12, 1835. tf.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price $3,00 a year in advance, $3,50 after three months, and $4,00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

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THE YELLOW FEVER OF HAVANA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I send you the following account of the yellow fever, or the inflammatory fever of West India ports. In it are stated what I assume to be its especial causes, its various degrees of force in different subjects, its several distinct stages and their predominant symptoms, and its cure.

Hoping you may find what I offer, acceptable, for insertion in your Journal, it is submitted to be at your disposition, by

Respected Sir, your obedient servant,
Havana, June 21, 1835. DANIEL OSGOOD.

IN a letter to Cyrus Perkins, M.D., published by Elam Bliss, New York, 1820, by the present writer, it was stated and argued in regard to the especial predisposing cause of this fever and its localities, that oxygen gas, when it has been taken into the stomach, or breathed in a pure state, operates as a poison, and causes the especial character of this disease in its subjects; that this gas has been found by endiometrical experiments of several philosophers, to superabound in certain places, where it had been set at liberty from bodies of waters, by the action of the sun and air, at a high degree of temperature; that the conditions for the production and accumulation of the same are presented in West India ports, and in the other places where the disease has appeared; and, lastly, countervailing causes were assigned to account for its non-appearance in other like-conditioned places.

The most frequent of the occasional causes is a sudden exposure to changes in the state of the atmosphere. The variations in the atmospherical temperature influencing the cause, may be from the mean 84°, minimum 76°, maximum 92°. In Havana, to within this range of the heat the fever may be limited, although it is sometimes seen when the temperature is below 76°; when the heat is at about 90°, the sea and land breezes alternate, so that it seldom rises above 92°. These breezes shift the water in and out of the bay, and disperse the exhalations, and during their continuance but few cases of fever occur.

A prevailing north or north-west wind from the sea, puts a stop to the occurrence of new cases, altogether; whereas these are greatly increased and aggravated by an eastwardly wind, when it has blown for several days in succession across the bay at the windward of the city.

Until of late, the easterly winds were almost always prevalent, and with them fever was always present. For a few years past the winds have been more variable, and the fever less frequent in its occurrence.

The bay of Havana, except at its entrance, is environed by high barren land, and its shores are as clean as the rocks washed by the sea. The atmosphere of this place, therefore, cannot be suspected to abound in putridinous gases ; besides which, it is remarkable that patients with fevers, while on their passage here from marshy situations, or in ships crowded with men, are found speedily to recover after their arrival, while others, who had not been sick on their passage, have been in a short time seized with the inflammatory fever.

This fever differs from the others, particularly in not having, like them, daily exacerbations and remissions of paroxysms. These facts tend to prove that the causes of the different epidemic and endemic fevers are distinct in kind and produce specific effects, independently of their differences in degree. Still foul air is not to be excluded from the list of the remote causes of this fever ; for whatever proves capable of disturbing the healthy functions, may give occasion to the taking place of this as well as of other diseases.

Other frequent causes are, insolation ; and any excess in conduct, as the committing of a debauch, giving loose to the reins of the passions, hasty and violent exercise after idleness, fretting in affairs of business, neglecting to keep the excretions free, and the tampering with medicines. The proximate cause is a sudden diminution of the force of the vital principle by the operation of the especial predisposing cause, to so great a degree as to destroy the predominant influence of the vital over the physical operations in the system. Individuals acclimated to a high degree of heat, but not to a superabundance of oxygen gas in the atmosphere, as well as the unacclimated to both, are found liable to be attacked, but the latter more so than the former.

The acclimated inhabitants are subjects for most of the inflammatory affections of the same fever ; but they are exempt from that form of it particularly in which the black vomit is seen. The reason of their exemption from this symptom may be the known fact that their solids possess less constitutional tone, and their fluids less density, and a lower degree of temperature, than those of the unacclimated.

The predisposition, in persons of moderate and regular habits, endangers them to but a slight attack, which seldom continues over 36 or 48 hours ; whereas those of immoderate and irregular habits are subject to be more readily overtaken by the disease, and to be affected by it much more violently.

The symptoms of the fever are chiefly such as characterize the synocha of Cullen, or rather the causus of the ancients ; it has no other diagnostics but those of its inflammatory character for its sine qua non ; and none of those unclassic names heretofore given it are authorized by any symptom that invariably attends it at any period of its course. Therefore, until some nosologist shall have classified it with a more eligible denomination, there can be no impropriety in its being called the Inflammatory Fever of West India Ports ; or the Causus. If the latter were adopted, it could not be confounded with any name now in use for whatever other disease. Under this denomination we have the description by Areteus of a burning fever, which answers to no other but the one under consideration.

The common symptoms, requiring particular notice, with a view to the treatment, are the following, viz. : at the beginning the tongue is white or yellow over its central parts, with little or no unusual appearance on its borders ; the pulse is quick, full and dilated ; nausea and vomiting of a clear watery mucus or thin yellow bile occur ; the skin is hot ; the color, especially on the face, and the sclerotic tunic, is of a fiery redness ; and the eyes have an eager expression of some uncertain design.

This is the active inflammatory period. By proper treatment the inflammatory state may be brought to end in the convalescence of the patient on the third, fourth or fifth day ; but if it should continue unmitigated, new symptoms will supervene, with which a second period commences. The tongue will now be found not only white or yellowish over its central part, but its borders will appear inflamed ; the pulse, still quick and hard, will be contracted ; a burning heat will be felt in the stomach, and everything taken into the mouth, except pure cold water, by spoon-fulls only at a time, will be rejected ; frequent watery stools without fæces will be passed ; and the epigastrium, if pressed upon by the hand, will feel tumid and sore. These being the diagnostics of gastritis, &c., this second may be termed the phlegmonic period. In some instances the symptoms by which this period is commonly to be distinguished from the other, have been amongst the first to take place ; thus constituting one of both the usually distinct periods. This period may likewise terminate on the third, fourth or fifth day ; but, if sooner or later the change be not favorable, with it a third period begins. In this the pulse and heat subside suddenly, and fall even below the healthy state ; the skin loses its former high color, and in many cases changes to a yellow. The eyes appear of a turbid cast, the propensity to vomit is for the most part incessant, and, when vomiting takes place, it brings up either turbid mucus, phlegm with brown colored specks like flakes of soot, or the liquor, with a granular sediment, thought most in appearance to resemble coffee with its grounds ; and, lastly, singultus and convulsions in some instances. The foregoing, should the patient survive them without becoming convalescent, are precursory symptoms to a secondary fever. The pulse and heat soon rise to a feverish height ; the pulse has a compressible feel, but is full and quick. The skin is commonly parched with heat, though in some cases it is continually hot and damp ; petechiæ, vibices, passive hemorrhages, singultus, subsultus tendinum, sometimes one or more tumors arising on superficial muscular and glandular parts ; in short, most or all of the symptoms by which the plague of the Levant is distinguished, are seen in this period.

An erysipelatous inflammation of the stomach, or the whole alimentary canal and outwards, is not an infrequent symptom in this, which may be termed the passive inflammatory period. Instances occur, where this fever is prevailing, of persons who die suddenly, while predisposed to it, without having experienced any of the affections of the disease. In other instances the disease first begins with the symptoms of this period, those of neither of the others having previously taken place. Hence it may be inferred, that the poison which causes this fever sometimes operates with such violence, as suddenly to impair the vital principle in such a manner as to incapacitate it for the supporting of life. In all cases, this principle having been deprived of its controlling influence, in some measure, over the physical movements, and their tendencies to dissolution, it is clear that the cure ought never to be trusted to the expectant plan of treatment. On the contrary, the antagonists to the vital forces must be reduced and brought under subjection by the use of means for moderating their high activity.

In effecting this intention, the powers of the system are not to be reduced so low as to render them incapable of performing their proper functions, by too much bleeding or by repeated doses of irritating medicines, to promote the excretions, or for any other purpose. The use of the latter means, it is to be feared, was too much the practice of some of the most distinguished physicians, prior to the date of the above-mentioned letter, in which the same was recommended, for an example to be followed, on their authority.

It has only been lately that the instructions of Dr. Cullen for the treatment of gastritis and gastro-enteritis have been duly attended to, by many physicians, in the treatment of this fever. Nor has the practice some pursue, at the present day, who depend on repeated bloodletting, until the fever leaves their patients, proved less dangerous than the other.

Numerous instances might be cited of death in consequence of passive hæmorrhages and a continued flowing of the thinned blood from the relaxed orifices remaining open, which had been made by the lancet and leeches. In the first stage of the fever, while the tongue is seen only to be white, or yellowish about its centre, without inflammation on its borders, and whilst the pulse is found dilated, for cases not forbidding venesection this operation should be immediately performed, and carried at once to the extent found requisite for moderating the fulness and the hardness of the pulse, and relieving the patient of his pains and heat to a sufficient degree. After the bleeding, and without any delay, a purge should be given for expelling the irritating contents accumulated in the first passages, and those communicating with them and the circulatory system, before they can have passed into the circulations. This will aid in the effecting of general depletion, and may thereby prevent the repetition of bloodletting to the extent which might otherwise have been considered requisite. Patients commonly, at this period, experiencing more or less propensity to vomit, can best take medicine in the form of pills. R. Ext. Colocynth. Com. Hydrarg. muriat. mit ana grs. xv. m. fiant pil. v. Of these 3 or the whole 5, if taken, will soon settle the stomach, and may produce free stools in the course of 5 or 6 hours ; but if not, R. Sulphat. magnes. ℥ss. solve in aqua com. ℥iv. vel. Ol. Ricini ℥ss. aqua com. ℥ij. Syr. Rosæ ʒij. m. Either of these laxatives or laxative clysters may be given to assist the effect of the pills. Such a dose has often prevented the fever when threatened, and not unfrequently put a stop to it after it had commenced. When, notwithstanding the first bleeding and purging, the pains, heat, &c. have returned, venesection, either in the arms or the feet, the latter being placed in warm water, must be repeated, but without subsequently repeating the pills.

If the bowels are uneasy and straitened, gentle laxative medicines or clysters may be given to relieve them. Diluting drinks, mean time, should be freely taken ; as barley water, weak lemonade, and the like. To a draught of either of these beverages may be added, every 4th hour, Nitrat. potassæ gr. v. vel. R. Aquæ Ammon. Acet. ℥ iss. Nitrat. potas. ʒ i. Decoct. corn. cerv. ust. ℥ iv. Syr. Rosæ ℥ ss. m. Dose 3 table-spoonfulls.

For removing any very considerable pain remaining, leeches may be found necessary, and emollient fomentations, to be applied over the parts affected ; warm foot-baths and sinapisms to the soles of the feet are often beneficial, especially for pain in the head.

In the phlegmonic period, no purgative or other medicines can be given while the irritation of the stomach continues. Blood must first be taken by the lancet, or by leeches, or both. Cupping and scarifying will have the best effect if much uneasiness be felt in the præcordia, to be applied near to the part.

Farther to moderate the inflammation, the abdomen should be fomented with some emollient decoction and vinegar mixed together, and laxative emollient clysters, also mixed with vinegar, must be made use of for cooling and cleansing the bowels, unless the patient be harassed by too frequent stools ; in which case apply leeches, and after their removal an emollient cataplasm over the hæmorrhoidal part. Until other drinks can be taken, without repugnance to the stomach, a spoonfull of cold water to moisten the mouth and throat, and relieve in some degree the uneasiness of thirst, should frequently be given. It will generally be found requisite to repeat the application of leeches over the epigastrium, and emollient fomentations and cataplasms over the whole abdomen. By the assiduous use of such means, to the exclusion of every other capable of producing a more stimulating effect, the organic inflammation may be speedily removed, so that cooling drinks and aperient medicines can be received into the stomach, which may then be given, if required, for removing any inflammatory symptoms remaining.

When unfortunately the third stage commences, it must be met and opposed with means directed against the affections which arise.

In the beginning, if the bowels had been previously neglected, it may be required for the removal of offending matters in them, to administer enemas of sea water and vinegar ; or oleaginous clysters, prepared by adding soap and olive oil, or castor oil, to a suitable quantity of some emollient decoction to form a mixture.

Farther against the anti-peristaltic perversion, on which the vomiting much depends, opiate enemas may be very serviceable. R. Infus. Sen. Lini. ℥ iv. vel. vi. Tinct. Opi. ʒ ss. vel. j. m. Also frictions over the abdomen with powder of mustard mixed in water, and sometimes a sinapism or a blister, may be applied with advantage. Pure cold water or ice water is the only drink to be given, not to excite vomiting, and that but in small quantities at a time.

To raise the fallen pulse and restore warmth, apply strong sinapisms to the soles of the feet, the palms of the hands and the arms and legs ; also frictions of mustard and water or other warming liquids over other parts of the body ; and if the stomach will permit, give some warm beverage—R. Decoct. corn. cerv. un. ℥ iij. mist. camphorat. ℥ ss. syrup. com. ʒ ij. m.—for a draught.

If the pulse and heat have risen to a state of fever, recourse is to be had to cooling diluting drinks and diaphoretic and diurectic medicines, as before. Some laxative draught should be given if the state of the bowels require it. R. Pulp. Tamarind. mannæ, ana ℥ iij. solve in decoct. althææ, Hj. one third part to be taken every two hours, or laxative enemas may be employed. Cold water, if much craved, should be given. Cold bathing, when the skin is parched with heat, or tepid when the surface is uncomfortably moist, may be used with benefit. When the pores of the skin are obstinately constricted, frictions with olive oil over the whole body, and afterwards bathing, will often be found to promote the flow of perspiration.

The erysipelatous inflammation should be moderated by cupping and scarifying over the parts of the abdomen most suffering; also emollient decoctions must be employed for fomenting the skin and for enemas and semicupium. For drink, gum water or the Decoct. corn. cerv. ust. will be proper, and a few drops Spt. æth. nitri. may be added occasionally.

For the spasmodic affections, antispasmodics must be taken every 4th hour: as, R. Gum. opii. gr. j. f. pil. j. vel. R. Assafœtidæ ʒ ij. aq. com. ℥ vi. m. dose ℥ i. vel. R. Moschi gum Arabic sac. pur. ana ʒ j. aqua rosæ ℥ vj. m. dose ʒ ss. to ij. During the occurrence of convulsions, give half a drachm, or a drachm of sulphuric æther, every hour. The tumors that may arise behind the ears or elsewhere, should, when they appear, be brought to suppurate with warm fomentations and cataplasms. If repelled, they prove fatal. In general, all tonic and stimulating drinks and medicines, even in this passive stage of the fever, have proved detrimental in most instances where they have been employed. So soon as light aliments can be taken without loathing, the patient should be allowed milk, sago, panada, or broth made of chicken or veal, as he may like best, and toast water and refreshing beverages for drink.

The same should be observed in other periods of the disease, in respect to tonic medicines and to food and drinks, at the commencement of their recovery, for the preventing of relapses. By the cautious use of light food and of nothing stronger than weak claret and water or beer, the convalescents soon find themselves perfectly well.

The writer will here subjoin, as he thinks it his duty, after thirty years of almost uninterrupted practice and observation in West India ports, that when other views have been pursued, materially differing from those above taken, defective as they will be found, for the treatment of this disease, one in ten of the patients have been lost; of whom 49 out of 50 might otherwise have been saved.

CASES OF POISONING, PROBABLY FROM THE USE OF NEW CHEESE.

BY STEPHEN W. WILLIAMS, M.D., ETC.

[Communicated for the Boston Medical and Surgical Journal.]

About 11 o'clock in the night of the 7th of July, 1835, I was called to Mrs. E. N., who was complaining of excruciating pain and distress in her stomach and bowels. Her stomach was extremely tense and sore to the touch, and there was much febrile excitement in the system. She had been taking an infusion of thoroughwort (eupatorium perfoliatum), which had excited vomiting, and she had also been using enemata of the same, which had procured some discharges from her bowels. I inquired of her what she had eaten for supper, and she said, "nothing but a little bread and butter, and some new cheese" which she had that afternoon purchased of a pedlar, and a cup of tea. As she had heretofore been subject to such attacks of pain and soreness in the stomach, I hardly thought of its being excited by the cheese. I gave her a dose of calomel, to be followed by castor oil, and directed fomentations to her stomach and bowels. I left her relieved between twelve and one o'clock.

About an hour after, I was called from my bed in haste, to visit Mr. N. and wife who were both complaining of extreme sickness at the stomach, violent pain in the stomach and bowels, and great soreness in those regions. Mr. N. was puking and purging excessively, and was very much exhausted. Mrs. N. was also vomiting continually. She was very much cramped. As she was in a state of pregnancy, I feared it might bring on premature labor. She was also considerably reduced. I inquired of them what they had eaten for supper. Mr. N. informed me that with other things, such as he usually eat at night, he had eaten freely of new cheese which he got at his mother's that evening, which was the same with that which produced his mother's sickness the same night. His wife took tea two or three hours before, but just before bed time she eat a large slice of the same cheese. They were both attacked with sickness and pain at the stomach about an hour after. I prepared for them the compound chalk mixture with a large addition of laudanum, and directed fomentations to the bowels and injections for Mrs. N. Mr. N. was able to be about the next day, although much exhausted. Mrs. N. remained quite sick several days. In passing up street the next morning to visit these patients, I was accosted by several people, who informed me that the night before they had been attacked with violent pain in the stomach and bowels, and some of them with cholera morbus. They all stated to me that they had eaten freely of the cheese which had produced the sickness in the N. family. I learned that the whole number who had been thus affected, was at least sixteen. One man who had no belief that the cheese was poisonous, eat a large piece of it in bravado, and paid dearly for his folly. He was attacked with violent and excruciating colic, which continued several hours. A dog, which eat freely of some of this cheese, which Mr. Wells, a pupil of mine, was macerating in water for experimenting, was taken violently sick and vomited a long while. Soon after these cases occurred, I sent the following notice to the editor of the Franklin Mercury, which was published in his paper of July 14, 1835. About sixteen persons were seriously affected in Deerfield, with violent pain and inflammation in the stomach and bowels, on the evening of the 7th inst., in consequence, it is believed, of eating new cheese, purchased from a farmer from Guildford, Vermont. Soon after eating it the patients were violently affected with pain and sickness at the stomach, with great distention of that organ and of the bowels, with obstinate vomiting, and in one or two instances with symptoms resembling cholera morbus. None of the cases terminted fatally, although some of the patients were seriously sick and have not yet recovered.

It ought to be generally known, that owing to the sophistication or adulteration of arnotto (or, as it is usually called, otter), which is used for the purpose of giving a high and rich color to the cheese, many people have been heretofore poisoned by eating it. A few years since, it is understood, a family in a neighboring town was poisoned by eating new cheese, highly colored by this substance. Many other instances of a similar nature are on record. Genuine arnotto is a vegetable extract, and harmless, but as it is somewhat expensive, it is often adulterated with *red lead*, which costs less, and when thus adulterated and applied to butter and cheese, it renders them a deadly poison. Arnotto should never be used about butter and cheese. It merely heightens the color of these articles, without improving the quality, and in many instances it renders them pernicious poisons. In proof of this, I send you the following statement from Accum on Culinary Poisons, a work of standard merit.

"*Poisonous Cheese.*—Several instances have come under my notice in which Gloucester cheese has been contaminated with red lead, and has produced serious consequences on being taken into the stomach. In one poisonous sample which it fell to my lot to investigate, the evil had been caused by the sophistication of the arnotto employed for coloring cheese. This substance was found to contain a portion of red lead, a method of sophistication which has been confirmed by the following fact, communicated to the public by Mr. J. W. Wright, of Cambridge (Repository of Arts, vol. 8).

"As a striking example of the extent to which adulterated articles of food may be unconsciously diffused, and of the consequent difficulty of detecting the real fabricators of them, it may not be uninteresting to relate to your readers the various steps by which the fraud of a poisonous adulteration of cheese was traced to its source.

"In the instance now alluded to, and probably in all other cases, the deleterious mixture may be caused ignorantly, by the adulteration of the arnotto employed for coloring the cheese. This substance, in the instance I shall relate, was found to contain a portion of red lead; a species of adulteration which subsequent experiments have shown to be by no means uncommon. I shall relate the circumstance which gave rise to the detection. A gentleman who had occasion to reside for some time in a city in the west of England, was one night seized with a distressing but indescribable pain in the region of the abdomen and of the stomach, accompanied by a feeling of tension, which occasioned much restlessness, anxiety and repugnance to food. He began to apprehend the access of an inflammatory disorder; but in twenty-four hours the symptoms entirely subsided. In four days afterwards he experienced an attack precisely similar; and he then recollected, that having, on both occasions, arrived from the country late in the evening, he had ordered a plate of toasted Gloucester cheese, of which he had partaken heartily; a dish, when at home, regularly served him for supper. He attributed his illness to the cheese. The circumstance was mentioned to the mistress of the inn, who expressed great surprise, as the cheese in question was not purchased from a country dealer, but from a highly respectable shop in London. He therefore ascribed the before-mentioned effects to some peculiarity in his constitution. A few days afterwards he partook of the same cheese; and he had scarcely retired to rest, when a most violent colic seized him, which lasted the whole night and a part of the ensuing day. The cook was now directed henceforth not to serve up any more toasted cheese, and he never again experienced these distressing symptoms. Whilst this matter was a subject of conversation in the house, a servant maid mentioned that a kitten had been violently sick after having eaten the rind cut off from the cheese prepared for the gentleman's supper. The landlady, in consequence of this statement, ordered the cheese to be examined by a chemist in the vicinity, who returned for answer, that the cheese was contaminated with lead! So unexpected an answer arrested general attention, and more particularly as the suspected cheese had been served up for several other customers.

"Application was therefore made by the London dealer to the farmer who manufactured the cheese. He declared that he had bought the arnotto of a mercantile traveller, who had supplied him and his neighbors for years with that commodity, without giving occasion for a single complaint. On subsequent inquiries, through a circuitous channel, on the part of the manufacturer of the cheese, it was found that as the supplies of the arnotto had been defective and of inferior quality, recourse had been had to the expedient of coloring the commodity with vermillion. Even this admixture could not be considered deleterious. But on further application being made to the druggist who sold the article, the answer was, that the vermillion had been mixed with a portion of red lead; and the deception was held to be perfectly innocent, as frequently practised on the supposition that the vermillion would be used only as a pigment for house painting. Thus the druggist sold his vermillion in the regular way of trade, adulterated with red lead to increase his profit, without any suspicion of the use to which it would be applied; and the purchaser who adulterated the arnotto, presuming that the vermillion was genuine, had no hesitation in heightening the color of his spurious arnotto with so harmless an adjunct. Thus through the circuitous and diversified operations of commerce, a portion of deadly poison may find admission into the necessaries of life, in a way which can attach no criminality to the parties through whose hands it has necessarily passed."

Test.—I procured a quantity of the cheese which was eaten from by the N. family, and subjected it to the following experiment. The cheese was covered with a thick yellow coat, and the whole body of it was of a yellow color.

1. I macerated a quantity of it in warm water for three or four days, and added to the macerated solution a few drops of sulphuretted hydrogen, which is one of the most delicate tests of lead yet discovered, as it will detect the minutest portion of it. The macerated cheese was immediately blackened by it, showing incontestibly the presence of lead in the cheese, and probably in sufficient quantity to induce the symptoms enumerated above in my patients.

2. Upon applying a few drops of nitric acid upon the macerated cheese, which had been blackened by the sulphuretted hydrogen, it removed the black color, and restored it to its original color. This is considered by Dr. Lamb a further proof of the presence of lead.

Deerfield, Mass. Aug. 17, 1835.

HISTORY OF THE SMALLPOX IN STOW, MASS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Abigail Allen, 17 years of age, has spent rather more than two years in a papermill, and has for many months been subject to sick headache. On Saturday, May 2d, she had what she thought a common sick headache—but on Sunday she found herself no better, "but rather grew worse." Nausea, pain in back and loins, little or no appetite, chills imperfectly marked, or but little notice taken of them. Monday, May 4, no better. Dr. N. was called. I know not what he gave her, but the eruption began to appear on Monday or Tuesday, and he called the disease "eruptive fever"—a diagnosis, which, I presume, no one will call in question. On Wednesday, her friends took her home, being assured by Dr. N. that there was no danger from contagion. She was particularly guarded against any cool air—her drinks, &c. given warm, and her face bathed in warm milk and water.

I saw her, for the first time, on Sunday, May 10. Her face swollen to nearly twice its natural size, and covered with pustules the size of large half peas—the peculiar odor, deep red skin, swollen throat, and dyspnœa, declared, most emphatically, the nature of the disease. Her throat and tongue were so swollen and painful as to prevent her from protruding the latter, but there appeared some brownish fur upon it. Ptyalism had been rather urgent ; respiration very laborious, especially at times ; articulation very difficult. Has had very little rest for the last 48 hours ; pulse 84 ; no dejection during the last four or five days ; pustules full, distinct, yellowish white, with *no* perceptible areolæ around them ; so numerous on the face, as to cover nearly 1-3 of the surface, but much less numerous on other parts of the body.

Wednesday, May 13, 9th day of the eruption, pustules were becoming nearly confluent on some parts of the face ; some turning more yellow ; cupped ; some suppurating and forming large irregular scabs ; on the nose and forehead is one particularly large, and from two to four lines in thickness. During the latter part of the week, the scabs began to come off ; some of the pustules suppurated and some flattened, and a few on the lower extremities turned purple. Swelling of face and eyelids such as to preclude light from the eyes ; yet her tongue was cleaning, pulse softening, strength recruiting, and nights becoming more quiet.

In the course of the following week, commencing May 17, the pustules had all flattened, or turned into scabs, and most of these were detached, those on the face always taking precedence ; swelling subsided, eyes were opened, appetite returned. She walked out, was well, and discharged.

On Friday afternoon, May 8, her mother took charge of her, as nurse. Neither of them had ever been vaccinated. Monday afternoon, three days after exposure, I vaccinated the mother ; and on Wednesday following, inoculated her from the arm of her daughter—this was the 9th day of the eruption. In making up my mind to do this, I was kindly assisted by the advice of two other very respectable physicians present, who thought the vaccine virus, inserted three days after exposure to the smallpox, would hardly be a sure protection against that disease, but that inoculation would very considerably modify it, allowing it had already been communicated to her. Both the vaccine and smallpox virus succeeded in producing each its appropriate sore on the arm. The constitutional symptoms were lassitude, loss of appetite, costiveness, some pain in head and back, and great mental depression. Eruption took place on the fourth and fifth days after inoculation, and the pustules were precisely similar to those of the daughter, though not one-tenth the number, producing the same odor, but going through the processes of suppuration, scabbing and desiccation in a much shorter time ; so that, two or three weeks afterward, when the disks (which, from their resemblance to parsnip seeds, have obtained the latter name), were detached from the base of each pustule of the daughter, they were also afforded by each pustule of the mother. After they were detached, a deep redness remained on the surfaces they had occupied on the face of the daughter, which is gradually fading, and leaving large cicatrices and depressions, or pits—though the redness is still very considerable, and perhaps will be so for many months to come.

The treatment consisted in allowing a free circulation of air, mild cathartics, refrigerants, diluents, mineral and vegetable acids, and tonics ; diet and regimen, very light and cool.

In the above remarks, nothing new or curious meets the eye ; but I have been induced to communicate it to you, more on account of the misrepresentations that have gone abroad, than for any other reason. You are at liberty, therefore, to make what use of it you please.

Yours, &c. HERMON CHANDLER.

Stow, July 21st, 1835.

MEDICAL COLLEGE OF OHIO.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In the 25th No. of Vol. XII. of your Journal, I find a short reference to the doings of the Western Medical Gazette. You say it "condemns the Medical College of Ohio, at a terrible rate, for its misdeeds—one of which is for granting a parchment to a book-binding dentist, &c."

Now as this is but a partial view of the case, and as many may be led to think it a frivolous ground for complaint, I beg that you will correct it, by saying that we found fault with the College for bestowing upon an uneducated, unaspiring, and obscure man, the highest honor of the institution—that of an HONORARY degree, and for purposes which you will readily comprehend.

This was not all. Ohio, in her liberal spirit, had built and amply endowed a Medical College, that her sons might have easy access to medical instruction of a high order. But instead of the proud success which was reasonably anticipated, and the high standard of professional attainment which its faculty should have ever inculcated, both by precept and example, it graduates, at the very moment the pestilence of Thomsonian quackery is sweeping over the land—a devotee of this nefarious system—a STEAM DOCTOR !

Being a native of Ohio, I felt desirous that her institutions should be characterized for nobleness of purpose—but more especially that her standard of medical education should be worthy of her, and that her graduates, at least, should be men of merit, and possess a proper estimate of their high calling and responsibilities, and therefore thought it my duty, as the conductor of the Gazette, to expose some of the abuses in her Medical School.

The physicians of the State, 138 in number, being anxious for a radical change in its organization, made an effort to that effect—but its Board of Trustees have thought proper to place it in a worse condition than before. The consequence is that a new school has been established in this city, under the auspices of the Cincinnati College.

The Faculty is a strong one—all of its members being men of talents, and "devoted to the glory of their profession." Dr. Drake's talents as a teacher are not surpassed anywhere, and having spent his whole life in the West, he has become a favorite with the great body of its physicians, and holds an influence among them, such as no other teacher has been able to obtain. You see, then, that in all probability Cincinnati will yet be able to give to the West a great medical school.

Your obedient servant, S. REED.

Cincinnati, August 11th, 1835.

CASE OF TWINS OF DIFFERENT COLORS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—A perusal of the "Case of Twins, one of which presented the color and form of a mulatto," contained in your Journal of August 19th, forcibly reminded me of a similar case in a black family, whom I first knew about 1812 or 13. These twins were females, and 8 or 10 years old when I first saw them, and were known by the name of the black and white twins. From this time I lost sight of them till 1816, at which time being a student in medicine at no great distance from their residence, I called on the family, and was more forcibly struck than formerly with the dissimilarity of these children—the one a woolly-headed negress, black as jet, and in these respects resembling both parents, but in the form of the face and head bearing a close resemblance to the father—the other a light olive mulatto, with straight dark though not black hair, hazel eyes, exhibiting much less of the negro in the general contour of her person than ordinary mulattoes. Upon inquiry of the father, I learnt that his jealousy was excited upon the first sight of the white child, which (to use his own expression) he saw was "no nigger." His wife, however, withheld all information upon the subject for some time, but subsequently confessed that about nine months previous to the birth of these children, she had a connection with a white man, whom he and the mother believed to be the father of the white child. He did not doubt the legitimacy of the black child, nor indeed would any one who observed the close family resemblance between her and the father. There were several other children in this family, some older and some younger than the twins, all of them very black.

The above case is probably not the one alluded to in your note, as this occurred in a neighboring State.

Most respectfully yours, VINCENT HOLCOMBE, M.D.
W. Granville, Mass. Aug. 22, 1835.

CURE OF RINGWORM.

MR. EDITOR,—I saw in your Journal a few weeks since, an inquiry concerning the method of cure in ringworm. I like such inquiries. Replies to them have a tendency to relieve humanity of a thousand ills to which she is liable. I have been in the habit of treating ringworm with an ointment of Oleum Ricini, aromatized with bergamot, oil of oranges, or oil of lemons. My success has been so great with it that I almost consider it a specific. W. W.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, SEPTEMBER 2, 1835.

YELLOW FEVER.

IN this day's Journal, the reader will find a valuable paper from Dr. Osgood, an eminent practitioner of Havana, in the Island of Cuba, favorably known to all Americans who have been invalids at that place, as well as several valuable papers from other attentive correspondents. Other interesting matter has necessarily been excluded from this number, in order to give Dr. Osgood's article insertion. Those of our correspondents whose favors have been already a considerable time on file, are by no means out of mind—and as soon as it is possible, we shall publish the whole in the order they have been received.

Our next number will be enriched with Dr. Parsons's Prize Dissertation, and will accordingly be a double one. It will be issued a fortnight from to-day, and will also contain the Title page and Index of Vol. XII.

HORSE-LEECH IN THE STOMACH.

A BOY, under the care of Dr. Elliotson, having had a headache and confined bowels, took a dose of jalap, which produced nausea, and finally brought off a live horse-leech in a very active state. It was of a small size, and did not appear to have been troublesome in the stomach. Instances are numerous in which they have become quite large, when lodged in that organ. It was supposed this had been swallowed two years before, probably while the lad was bathing. In this, as well as very many cases, the fact is substantiated that the gastric fluid has no sort of action on the living fibre. Reptiles, some of a most loathsome form and character, have been tenants of the human stomach a long time, in spite of drastic purges or active emetics; but so far from being incommoded by being immersed in this universal solvent, which, were they dead, would digest their bodies in three hours, they give every possible demonstration of having been quietly and agreeably lodged.

NATURAL CONNECTION OF TWINS SUCCESSFULLY DISSEVERED.

An interesting case of this kind, which occurred in November, 1833, is related in the Western Medical and Surgical Journal, by Dr. Little, of Otsego county, N. Y. The body of but one child, however, was perfect, being double only below the sternum—the redundant part constituting a perfectly formed pelvis and lower limbs, with the male organs of generation, and as large in all their dimensions as the corresponding parts of the child. The connecting medium was two inches long, two and a half wide, and one and a half thick, and a little above its centre, extending through it an inch and a half from the child, was a hard substance, apparently a prolongation of the ensiform cartilage. The pulsation of an artery could also be felt. The limbs of the parasite had no muscular motion, and were crossed upon each other, though the sense of feeling existed in them as perfectly as in the other limbs. There was no trace of the anus ; urine, in small quantities, was discharged once in two or three days. These parts exhibited every indication of being amply nourished. They were moveable on the connecting medium, and could be turned one quarter round without difficulty ; but when the rotation was carried further, the child cried from pain.

At the request of the parents, the separation was made when the child was six weeks old, at about three fourths of an inch from the body. The hard substance referred to was found to be cartilaginous, of an exceedingly fine texture, approaching to ossification. Immediately below the cartilage was a sheath, containing an artery, vein and nerve, of considerable size. The two former were tied separately and divided, as well as several other small vessels, which bled smartly. The child was very faint, and much exhausted after the operation, which lasted a quarter of an hour. In a few hours it revived, and passed the night comfortably. The parts removed weighed two pounds six ounces. The substance divided consisted of the common integument—a thin layer of very vascular cellular membrane—the cartilage before mentioned—and a portion of fleshy substance, in which muscular fibres could be traced. On the third day adhesion had taken place to some extent, and the wound seemed to be doing well. From this time recovery was rapid, without a single bad symptom, and the child is now in health and free from deformity.

Dr. Little mentions that the mother of this child became much interested in the story of the Siamese twins when in the seventh month of her pregnancy ; she went on one occasion to the county town to see them, but was disappointed. The subject continued to occupy her thoughts, in spite of her efforts to banish it, for a long time.

THE UXBRIDGE SOMNAMBULIST.

From the repeated notices which, as journalists of medical science, we have given of new and before unheard-of varieties of somnambulism, which more than realized the anticipations of the sage but deluded advocates of animal magnetism, the profession may begin to suspect the disease is becoming infectious. The last marvellous case of the kind which has excited the astonishment of the public, is that of a young woman of Uxbridge, Mass. whose wonder-working fidgetings have been trumpeted through the columns of a country paper. Our correspondence with a highly reputable physician in the neighborhood, a gentleman of careful observation, whose opinion is entitled to perfect respect, emboldens us to say that the Uxbridge somnambulist is playing off a miserably devised imposition. How many are aiding and abetting her in the scheme, we have no means of knowing. When such men as Dr. Belden of Springfield, Dr. Colby of Stanstead, or Dr. Willard of Uxbridge, certify to the correctness of the statements which have been circulated, the public may fully rely upon the truth of them.

Lectures on Comparative Anatomy.—So perfectly convinced are the learned, of the gross iniquity of the late Sir Everard Home, in pilfering from the manuscripts of Mr. Hunter, that since the publication of Mr. Clift's evidence before the committee of the House of Commons, his great work in *six quarto volumes on Comparative Anatomy*, by which he hoped to transmit a claim to the admiration of posterity, has fallen in price from *eighteen* to *eight guineas*, and the bookseller's advertisement contains the following curious paragraph, which is enough to ruin the fame of the once supposed author, for all future time—"According to Mr. Clift's evidence before the committee of the House of Commons, this work contains the substance and only remains of the unpublished writings of the celebrated John Hunter." An active inquiry is going on, which may detect more villanies of Sir Everard's than have yet been developed.

Liquor Potassæ in Cholera.—Mr. George, a medical practitioner in Kensington, Eng. administers the liquor potassæ in cholera in the following form :—

R. Liq. Potass. ʒj.; Conf. Opiat. ʒss.; Tinct. Card. c. ʒij.; Aq. puræ, ℥jss. suf. Mist. cap. dim. stat. et post horam unam repet.

Removal of the Astragalus.—Our correspondent, W. Gillespie, M.D. of Ellisville, Va. who detailed for the Journal a case of removal of the astragalus in the spring of 1833, informs us that he has recently seen the patient, and that she can walk with ease by the assistance of a crutch or cane.

Sulphate of Copper in Croup.—Dr. Serlo, of Crossen, has made use of the sulphate of copper with considerable success in many cases of what he considers as true croup, and which undoubtedly closely resembled this formidable disease. The children were between one and three years old, and took from twenty to thirty powders, of a quarter of a grain each, before the cough gave way ; a quarter of a grain was administered every two hours as long as the cough continued dry and hoarse, and the remedy was only discontinued when all symptoms had subsided.

Died—In New London, Ct. 18th Aug. Foster Swift, aged 75, a Port Surgeon in the U. S. Army. Early in life he had been a surgeon in the U. S. Navy, on board the Portsmouth sloop of War, 1780, when captured by the Culloden 74, of Rodney's Fleet, and with the whole crew of the Portsmouth imprisoned a year in the harbor of St. Lucia, West Indies. Dr. S. was a native of Boston, and a son of Samuel Swift, Esq. a distinguished whig and martyr to the cause of freedom, while a prisoner in Boston, Anno 1775.—At Clifton, Eng. Wm. Hall Gilby, M.D. —At Boris, Ireland, county Carlow, John Wilcox, surg. of the Boris Dispensary.

Whole number of deaths in Boston for the week ending August 29, 45. Males, 28—Females, 17.

Of smallpox, 1—measles, 3—teething, 2—dropsy on the brain, 3—canker the bowels, 2—scrofula, 1—consumption, 5—cholera infantum, 2—dysentery, 5—marasmus, 1—infantile, 3—cholera morbus, 2—old age, 1—croup, 2—intemperance, 1—mortification, 1—fever, 1—cancer, 2—phthisis, 1—hooping cough, 2—scarlet fever, 1—dropsy, 1—inflammation of the bowels, 1.

MEDICAL INSTITUTION OF YALE COLLEGE.

The annual Course of Lectures in this Institution will commence on Thursday, Nov. 5, 1835, and will continue seventeen weeks. There are at least five lectures daily throughout the term, and a part of the time six. The several branches are taught as follows, viz.:

Principles and Practice of Surgery, by Thomas Hubbard, M.D.
Theory and Practice of Medicine, by Eli Ives, M.D.
Chemistry and Pharmacy, by B. Silliman, M.D.
Materia Medica and Therapeutics, by William Tully, M.D.
Anatomy and Physiology, by J. Knight, M.D.
Obstetrics, by Timothy P. Beers, M.D.

The fee for each of the first five branches is $12,50, and for the last $6,00; which, together with a matriculation fee of $5,00 and a contingent bill of $2,50, are to be paid in advance. The graduation fee is $15.

Since the last term, extensive alterations have been made in the College buildings;—those parts of it especially which are appropriated to anatomical purposes, have been made more extensive and commodious, and every facility will be afforded to those who wish to pursue the study of anatomy.

The price of board, lodging, &c. in New Haven, is from $2 to $3 a week, and other necessary articles in proportion. (sept. 3—ep5w.)

MEDICAL SCHOOL IN BOSTON.

The Medical Faculty of Harvard University announce to the public, that the Lectures will begin on the first Wednesday in Novem., and continue thirteen weeks, after which time the regular course will be considered as terminated. But for the following four weeks, the *Hospital* and the Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may choose to remain.

The following Courses of Lectures will be delivered to the class of the ensuing season:

			Fees
Anatomy, and the Operations of Surgery,	by	John C. Warren, M.D.	$15
Chemistry,	"	John W. Webster, M.D.	15
Midwifery and Medical Jurisprudence,	"	Walter Channing, M.D.	10
Materia Medica,	"	Jacob Bigelow, M.D.	10
Principles of Surgery and Clinical Surgery,	"	George Hayward, M.D.	10
Theory and Practice of Physic, and Clinical Medicine,	"	James Jackson, M.D. and John Ware, M D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing. While the violation of sepulchres is prevented, it is anticipated that an ample supply of subjects for the wants of science, will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to Students attending the Lectures of the physicians and surgeons. This Institution contains about sixty beds, which are, most of the time, occupied by patients who are subjects partly of medical, and partly of surgical treatment. Clinical Lectures are given several times in each week, and surgical operations are frequent. The number of surgical operations during the last five years has averaged about seventy in each year.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, June 12, 1835. June 24—tN1. WALTER CHANNING, *Dean.*

MEDICAL INSTRUCTION.

The subscribers have associated for the purpose of giving Medical Instruction on the following terms:—

Convenient Rooms well furnished, with access to a good Medical Library, and the necessary facilities for demonstrative Anatomy and Surgical operations.

The privilege of attending at the almshouse and a private hospital, now in successful operation, together with the important cases, both in physic and surgery, which occur in a pretty extensive private practice. Terms—$50 a year.

JOSEPH H. FLINT,
ELISHA MATHER,
AUSTIN FLINT.

Northampton, Mass.

☞ Instruction in modern Dentistry will be given for a small additional compensation.

May 13. eop6m

PHILOSOPHICAL AND ASTRONOMICAL APPARATUS.

N. B. CHAMBERLAIN, No. 9 School St. Boston, manufactures Philosophical, Astronomical, Pneumatic, Hydrostatic, and Electrical Apparatus, Mechanical Powers, &c. of beautiful workmanship, designed for Lecture Rooms and public instruction in Schools, Academies and Colleges. Portable models of the Steam Engine, put in motion by a spirit lamp, afforded at a very reasonable rate, can be obtained at any time, by addressing the advertiser by mail.

Boston, February 4, 1835. eptf.

JOHN S. BARTLETT, M.D. M.M.S.S., late of Marblehead, has removed to this city, and may be found at the house of Thomas Murphy, Esq. No. 22 Atkinson Street.

Boston, August 12, 1835. tf.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price $3,00 a year in advance, $3,50 after three months, and $4,00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

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A DISSERTATION ON CANCER,

WHICH OBTAINED THE BOYLSTON PRIZE FOR THE PRESENT YEAR.

BY USHER PARSONS, M.D. OF PROVIDENCE, R. I.

"*What are the diagnostic Marks of Cancer of the Breast; and is this disease curable?*"

The term *cancer*, derived from the Latin language, is synonimous with *carcinoma*, derived from the Greek, and originated in a fancied resemblance of certain tumors to the animal whose name they bear.

There is an evident propriety in specifying cancer of the breast in the question here proposed; for the disease, in its ravages upon this organ, extends to almost every variety of structure which can modify its character, is accessible to inspection and local treatment, and occurs more frequently than elsewhere.

Whether all the diseases at present included under the term cancer should continue to receive that appellation, some might be inclined to doubt. They are so numerous and so different in aspect, that it is almost impossible to say any one thing that will apply to all without exception. They present tumors, ulcers, excavations, excrescences, indurations and *ramollismens*. The tumors vary from the hardness of cartilage to the consistence of jelly; the ulcers furnish sometimes an abundant suppuration, varying in color and consistence—at other times they are dry, and some of them are covered with a hard grey crust, that reproduces itself as often as it is removed; sometimes they are surrounded with varicose veins, that bleed frequently, at others they are wanting; the excrescences present equally varied aspects, and the sufferings of the patient are of every grade.

But however varied cancerous affections are in the foregoing particulars, their progress and termination are nearly the same in all. They all tend to invade and destroy surrounding parts. Whatever be the nature of the texture in which they are located, they seem to feed upon it like a parasitic animal, growing and thriving upon another. This is so striking a characteristic of cancer, that in early times it was compared to a ferocious animal, which led some of the ancients to carry the idea so far as to attempt to feed it daily with fresh slices of viands, in hopes of thus satiating its voracious appetite. All the varieties of cancer, though they remain stationary for a time, will ultimately augment, every change in their state being invariably for the worse. Irritating substances, general or local, aggravate them alike, and if extirpated there is always danger that they will reappear. Finally, they alike tend to produce constitutional derangements of a similar nature—a sort of cancerous cachexy, marked by emaciation, hectic fever, and a peculiar tint of the skin.

If we turn our attention from the exterior survey of cancerous affections to their interior structure, they will be found to present a variety of appearance and consistence. Multiplied dissections have, however, enabled pathologists to analyze and reduce cancerous substance to a certain number of diseased tissues, each having a structure peculiar to itself, and which always presents the same characters, in whatever part of the body they may be situated. These tissues are sometimes isolated, at others variously combined, two or three or even four of them being in the same tumor. Every cancer, with the exception of certain chancrous ulcers, which do not repose (in their early period at least) on a cancerous tissue, is constituted by the development and evolution of "two accidental tissues, that are different from any normal tissue," viz. the scirrhous and encephaloid—names derived from *skirros* (hard) and *encephalon-eidos* (brain-like). One or the other of these, and sometimes both together, are always found in cancerous tumors. There are other morbid tissues occasionally met with in such tumors, as the fibrous, the melanose, the tubercular, the cartilaginous, and the fibro-cartilaginous, one or more of them. But these latter do not of themselves constitute cancer, one or all of them ; they may therefore be termed incidental tissues, whilst the scirrhous and encephaloid kind, from the invariable presence of one or both of them, may be termed essential tissues of cancer. These, therefore, are deserving of more particular notice.

The *encephaloid* matter of cancer may exist in three different forms—in cysts, in masses without cysts, or infiltrated into the substance of the organ. These forms are more distinct and observable in the crude or early stage, but in a subsequent stage, or that of complete development, and before their *ramollisment*, they all assume a similar appearance. The encephaloid matter is then homogeneous, resembling the medullary substance of the brain, and presents here and there a slight rosy tint. Cut in thin slices, it is semi-transparent ; but in masses, it is opaque. Its consistence is that of an infant brain a little softened.

The encephaloid matter is inclosed in cells, made up of a delicate tissue, resembling the pia mater—is, like it, very vascular ; and the tunics of its vessels are so extremely tender, as to be easily ruptured, causing extravasation and accumulations of coagula. A new and curious fact stated by M. Bérard in the Repertoire Generale des Sciences Medicales, of February, 1834, is, that he has ascertained by experiment that these vessels are exclusively *arterial.* There are other and larger vessels surrounding the tumor, both arteries and veins, and the encephaloid matter often penetrates these veins and obstructs them.

But the encephaloid matter remains not long of the consistence now described—it tends constantly to mollify, until it finally resembles thick pus, but still retaining its color. In this stage, more than any other, the slender vessels are ruptured, and cause numerous extravasations of blood, which, instead of forming a coagulum, is blended with the puriform matter, giving it a reddish or brownish color, so that it resembles thick chocolate; excepting some portions of the tumor which remain exempt from bloody infiltration, and serve to show what was its former appearance.

The encephaloid tissue is more frequently met with in the uterus and testis, than in other organs; is also found in cancer of the liver and stomach. It appears also in cancer of the breast, particularly when the disease recurs after an operation.

The other essential tissue of cancer, viz. *scirrhous*, when fully developed, consists generally of a firm, hard, rugged, incompressible and knobbed mass, the limits of which are not well defined. It grates under the knife like the substance of the uterus, presents a bluish or greyish white color, and when cut in thin slices is semi-transparent. At first glance it might be easily mistaken for a fibro-cartilaginous tumor; but a closer examination shows that it is composed of two distinct substances, the one fibrous, hard and organized, the other soft and inorganized. The former composes the chief part of the diseased mass, and consists of septa, which are opaque, of a paler color than the soft part, varying in their volume and direction, and forming unequal cavities or cells, which contain the soft part. The latter is of a bluish color, and of the consistence of softened glue or even of cream. "The fibrous structure seems to be the cellular or proper tissue of the part, in a state of induration and hypertrophy," whilst the softer portion contained in its meshes or cells, appears to be merely a morbid secretion, poured out by the vessels nourishing the organized fibrous tissue. In this view of it, the organized part results from an altered state of nutrition in the tumor, and the soft or inorganized portion, or accidental tissue, as the French term it, is the result of a morbid secretion. In all cases, the fibrous mass is both most conspicuous and abundant, and is condensed in its centre into a hard nucleus, whence seem to radiate the numerous septa in every direction. In the centre of the nucleus there is often a little cyst containing a limpid fluid of very acrid nature. In some rare instances, portions of the scirrhous mass resemble cartilage, in parts of which osseous or calcareous depositions are occasionally found.

It is probable that several of the tumors, as the mammary and perhaps pancreatic, described by Mr. Abernethy, consist of varied proportions of the two essential tissues of cancer, modified by local irritation, temperament, &c. But such tumors, I may here remark, glide so insensibly into each other, and correspond so nearly in respect to their origin and progress, that little practical advantage results from his classification.

As the encephaloid tissue is more frequently met with in the uterus and other internal organs, so the scirrhous is most apt to predominate in external cancers, particularly in those of the breast—they are however often found united in cancerous tumors in all situations.

Cancerous tumors usually begin in a sound part, but in some rare instances, where a predisposition to the disease exists in the constitution, other tumors and ulcers degenerate into cancers. But more of this hereafter.

Thus far, the subject of cancer generally has been considered; but, as the female breast is its most frequent seat, many authors have taken cancer of this organ as a type for its general description, and the question proposed by Harvard requires that our future remarks be confined to this locality of the disease.

The age most subject to cancer of the breast is from the fortieth to the fiftieth year. It very rarely appears before the age of twenty, sometimes between twenty and thirty, many times between thirty and forty, and rarely after the age of sixty. A table, drawn up by M. Recamier, will be given at the end of this treatise, which in respect to age, accords with the observations of all surgeons.

Persons most subject to the disease are antiquated maids, next those mothers who have not suckled their children, and least so those who have borne children and nursed them with their own milk.

The disease may be divided into three stages. 1. *Indolent scirrhus;* 2. *Painful scirrhus*, sometimes called *occult* cancer; and 3. *Ulcerated or open cancer.* Indolent scirrhus, then, differing as it does in its whole aspect, from open cancer, is, nevertheless, the germ or first stage of that disease. Some have contended, however, that it is a more local disease, is more yielding to discutients, and instead of always progressing to cancer, has in some rare instances terminated in gangrene, and in many others has remained stationary through life. Now in respect to their ever being resolved, we are not able to speak with confidence, because we have not the best evidence of such cases being truly scirrhous, I mean examination with the knife. We can only judge from their external appearance. To ground such an opinion upon the vaunting reports of charlatans, would be to admit that "they are all resolvable when their own specifics are employed," and that failures are attributable to error on the part of the patient, or their delayed application. But the number of cases of resolution, cited by eminent surgeons, is so extremely small, as not to be entitled to consideration as exceptions to the principle, that they are not resolvable by any known remedy (pressure excepted), general or local—but more of this hereafter.

That scirrhus may remain stationary for life, is far more probable. Life may be short, the tumor may appear at a late period of it, when morbid action is feeble, and such tumors no doubt vary in their tendency to painful cancer from constitutional peculiarities; these therefore should not be received as exceptions to the general principle that scirrhus is incipient cancer.

Rise and progress of Cancer of the Breast.

A woman in touching her breast feels a small induration, which is not natural, but which causes not the slightest inconvenience. Perhaps her attention has been first drawn to it, by a small stain upon her dress, opposite the orifice of the lactiferous tubes, which leads her to feel of the part. She can neither tell when the tumor commenced, nor assign any certain cause, though she may suspect some mechanical injury, as a blow against a chair or door, or the pressure of her dress. She may also refer it to an obstruction of the milk when nursing her last child. It remains indolent and insensible to pressure, and makes no impression upon her general health. The induration gradually increases in volume, and from being round, circumscribed, and rolling under the finger, its surface presents nodes and depressions, followed by adhesions to the surrounding cellular membrane, and to the skin, giving to it the appearance of being quilted to the tumor. After a time of uncertain length, the patient begins to feel a twinging, pungent, or darting pain in the tumor, occurring more towards evening and in the night. Still, however, it gives no pain to handle the part and even press it. If the catamenia have not ceased, she will experience an aggravation of pain in the breast about the time of their recurrence; at this period also the tumor grows faster than at any other, and any external violence produces a sudden enlargement. Thus far the tumor is characterized by extreme hardness, by great weight compared with its volume, by a knobby feel, and by insensibility to the touch. These characterize the scirrhous state.

The pungent pain is the ushering in of the second or occult cancerous state, in which the progress of the disease is more rapid, the tumor increasing in volume from the size of a small nut, when first discovered, to from two to three inches in diameter, but it soon attains nearly its maximum size, and remains somewhat stationary, notwithstanding all other symptoms, and particularly pain, have augmented. Adhesions are formed to the subjacent parts—and the skin over it begins to pucker and to assume a violet tinge. The nipple, by the drawing of its tubes, gradually retreats within the surface of the breast. The darting pain, which added to the above-mentioned signs of scirrhus is one of the best pathognomonic symptoms, now interrupts sleep, and the patient's general health begins to suffer; with emaciation, loss of appetite, and dryness of the skin, which presents a pale yellow tinge. The axillary glands about this time become affected; but there is much uncertainty in respect to the time, for they often do not enlarge till after the second stage of cancer, and in some rare instances do not swell at all, although the cancer proves fatal. There is sometimes a solitary gland situated over the outer edge of the pectoral muscle, between the breast and axilla, and this, in such cases, is the first to enlarge. In a few instances, where the tumor is on the sternal side of the breast, the axillary glands escape and those about the clavicle suffer. Finally, the part of the skin most affected over the tumor gives way, forming a fissure, from which oozes a colored serum—and this completes the second or occult cancerous stage.

When the *third* stage or *open* cancer has begun, the borders of the fissure first opened are gradually thickened, indurated, and everted, and wear a pale bluish color. The surface of the ulcer is soon covered with pale-red vegetations, which furnish an ichorous or sanious suppuration, more or less abundant, and often very fetid. Its peculiar odor serves as a diagnostic symptom. The surface of the sore feels hard, like the original tumor, and, like that, is wanting in sensibility to pressure, as the patient can wipe it and handle it without experiencing the least pain. The lancinating pain, before spoken of, varies to an acute smarting, or burning, or insupportable itching, that nothing can calm. The hideous ulcer enlarges in every direction, consuming indiscriminately the adjacent substances, sparing neither veins nor arteries, and causing frequent hemorrhages, which, while they temporarily mitigate the patient's sufferings, hasten exhaustion of her strength. Whilst one part of the sore is sloughing, another is projecting forth luxuriant vegetations, that stretch one after another over the borders of the ulcer, like the leaves of a double rose over its calyx.

The cancerous *cachexy* is now more strongly marked; the flesh is emaciated and flabby, and the arm swells; sometimes also the lower limb becomes œdematous. The patient is often tormented with a burning sensation behind the sternum, with severe cough and rheumatic pains; she loathes food; has obstinate costiveness alternated with colliquative diarrhœa, and finally sinks under hectic and torturing pains.

Such is the ordinary course of the disease when it proceeds unmolested to its natural termination, or is unsuccessfully treated. But the varieties it presents are innumerable, a few of which deserve notice. The scirrhus which precedes cancer is sometimes void of protuberances or inequalities, and presents a smooth surface like an encysted or fibrous tumor. Instead of being always single, it is in some cases composed of many tumors, united or separated. The adhesion to the skin and subjacent muscles alluded to, does not always take place until ulceration is about commencing. Its degree of hardness varies, and with this also the rapidity of its progress—the hardest kind being most indolent, and the first cancer is harder and slower in its progress, than one that returns after extirpation. Injuries and irritations, and disturbed menstruation, hasten its progress, but it sometimes takes a sudden start without any assignable cause. In aged people, however, they may continue nearly stationary for many years. Hemorrhage is a common occurrence, but in some cases cancers will run their whole course and destroy the patient without loss of blood. The blood may issue from an opened vessel, or be exhaled from the surface of the ulcer, or from the interior of the morbid structure.

Cancer is so constantly fatal, that to speak of its *prognosis* when left to itself or impotently treated, is to speak of the different manners in which death occurs, when no other disease sets in to abridge life. The exceptions are, a few rare cases which happen in very advanced life of scirrhus and even of ulcerated cancer, that advance so slowly as not to shorten the patient's days—or, what is more rare, gangrene may take place in a cancerous breast, as in other parts, and after the organ has sloughed out, the sore will cicatrize as if the organ had been extirpated with a knife. Here and there, too, we meet with detailed cases of the cicatrization of a cancerous ulcer, whilst the subjacent scirrhous mass remains undestroyed. If such cases are genuine cancer, they show that nature establishes no law in regard to disease, that she does not sometimes break. A multitude of accidents and complications may occur to hasten death, as pleurisy, hydrothorax, anasarca, or a putrid fever. Such being the case, a surgeon cannot be too circumspect in giving a prognosis.

Post-mortem appearances may be considered under the head of general and local. The former have already received some attention, under the head of pathology of cancerous diseases. At the termination of life, open cancer of the breast presents a mass of vegetations and excavations, covered with a fetid putrescence, in which scarcely a vestige of organization remains. This is therefore a less interesting period for examination, than when the cancer is extirpated in any of its stages during life.

Indolent scirrhus, when extirpated, is ordinarily round or ovoid—presents a knobby surface, and adheres more or less to the surrounding parts by cellular tissue. It may occupy the place of the mammary gland, or any other part of the breast. Cutting it into slices shows it to be formed in part, or entirely, of a greyish or bluish white substance, slightly translucent, and varying in consistence from that of lard to that of cartilage. This is the true scirrhous tissue. In the same tumor may be seen masses or minute portions of substance, softer than the preceding, whitish, opaque, divided into unequal lobules, and surrounded in every part by bloodvessels. This is the encephaloid tissue. To these two essential tissues are sometimes added others that are incidental, as cartilage, fibro-cartilage and melanose. In the midst of all, may be seen portions of the mammary gland—sometimes sound, although surrounded by degenerations, at others partly transformed into the scirrhous or encephaloid tissues.

Painful scirrhus or occult cancer, when extirpated, presents the same essential tissues, but softer. The scirrhous will be here and there penetrated by a whey or cream like matter that may be pressed out in large drops, and the encephaloid may present some little effusions of blood. In some places it will be soft. It adheres to the skin, and perhaps to the subjacent muscle ; and the surface is more knobbed than in the indolent state.

Cancerous ulcer, when extirpated, evolves a less fetid odor, previous to its becoming putrid, than it did before extirpation ; which shows that the peculiar fetor of cancer is an exhalation from the living surface. Below the surface, to the depth of a line or two, is a stratum of flesh of the same color as the ulcer. Cutting deeper, we discover the essential tissues of cancer, but more compounded with others, and they would not be readily recognized by one who has not studied them in their former states. The cancerous mass is no longer circumscribed to the breast, but extends to bone and muscle and all other neighboring textures indiscriminately.

The *general* post-mortem appearances are, a yellow tinge of the skin, a soft and flabby state of the muscles, and a fragility of the bones. Some French writers, who have had great experience in this disease, contend that it produces no such effect upon the bones. Their opinions would however be corrected by a visit to Guy's Hospital, where bones are preserved, that were fractured by merely a turning of the patients in bed, and two or three similar cases have occurred within my own observation. The lung under the cancer is inflamed and adheres to the pleura-costalis, and some serum is found in the cavity of the chest, and small tubercles are discoverable in the pleura. The liver, especially if the cancer be on the right side, is tuberculous. The uterus almost always presents cancerous tubercles. The glands of the axilla, and sometimes those about the clavicle, are enlarged and scirrhous. Sometimes the arm of the affected side is much swollen, and at others the whole side is in like manner affected.

The *cause* of cancer not being required in this treatise, and if it were, our knowledge of it, and especially of the *proximate cause*, amounting as it does to little or nothing, are sufficient apology for saying but little about it. In respect to its *remote* and *exciting causes*, it may be stated, that the foundation of the disease is laid in a *cancerous diathesis*, that may evolve cancer spontaneously, though oftentimes its appearance is preceded by some slight injury or irritation of the part. This has induced some to pronounce it a local disease. But it is not probable that any local irritation can assume a cancerous character, where such a constitutional diathesis does not exist; and yet, it may serve as a nidus, in which the disease will appear sooner than it would spontaneously, or without any such point of attraction—and it is not improbable that the diathesis may exist in some persons through life, but in whom, from the absence of such local irritation, or because the diathesis is feeble, it may not be evolved. In this and some other respects it resembles scrofula—a disease known to be constitutional. It is said, in opposition to this, that extirpation of cancer oftentimes effects a permanent cure, and that therefore the disease must be local. The same may be said of the amputation of a scrofulous limb. Besides, let it be remembered that cancer of the breast is evolved, chiefly between the fortieth and fiftieth year of age;—in other words, about the period of menstrual cessation. Now the lapse of time necessary for the development of cancer in the breast after its first appearance, together with the time taken up in healing the wound made by extirpation, is, in many cases no doubt, sufficient to carry the patient through the most susceptible period; the system has had time to recover from the constitutional disturbance, and the breasts are no longer irritated by sympathy with the uterus. It is this cancerous diathesis that so frequently causes a return of the disease in the cicatrix, even after a second or third extirpation, or to evolve it in some other organ, and perhaps in diverse organs, remote from each other, simultaneously.

The connection between a disturbance of the uterus at the cessation of the menses and a cancerous breast is so strenuously maintained by Sir Charles Bell in a late lecture, that I feel justified in making an extract from it. "Nature has established a reciprocal action between the uterus and mammæ, and though widely apart, they are intimately united by sympathy. Every change in the ovarian circulation has an influence upon the mammæ, from the first period of puberty to the final period of change—menstruation, conception, quickening, delivery—all have this influence—they all communicate pain and turgescence of the mammæ. At the turn of life, the irregularity of menstruation produces a most decided influence on the mammæ. It is this which lays the foundation of cancer."

"As there is a coincidence in time, so is there a considerable resemblance in the nature of the disease which fixes upon the ovaria and mammæ; the difference is chiefly in their position as internal or external parts. This is a very interesting inquiry, because it embraces an extensive view of practice. The scirrhosity, I say, and hydatid tumors which infest the mammæ, and are the forerunners of so many distressing cases of ulcer and ill-conditioned sores, if they were seated in the ovaria, being internal, would smolder, and partake of a chronic state, that would hardly interfere with the term of life."

The cancerous diathesis is no doubt oftentimes hereditary, as appears from the great many instances where it has prevailed in particular families. This fact is now so generally understood, as to induce eminent surgeons to advise families, in which a case of cancerous breast appears, to guard the general health of females at the cancerous period of life.

Climate has some influence upon predisposition to cancer. Cold latitudes present cases more frequently, and of a more indomitable character, than tropical climates. The island of Madeira very rarely exhibits a case of it. [Johnson on cancer.]

It is to be regretted that a cancerous *diathesis* is not, like that of scrofula, manifested by some external signs. The disease occurs in every variety of constitution and temperament, and a tendency to it is not even suspected, till the scirrhous tumor appears. But it is not so when the disease has existed long enough to impair the constitution, and establish a cancerous *cachexy*. Here there is an evident depravation of the whole constitution, manifested by dejection of spirits, debility, emaciation, or yellowness, dryness, and waxen appearance, of the skin, and more or less general fever.

Depression of spirits and other debilitating causes are supposed to have some influence in predisposing the system to cancer, but this is rather a matter of conjecture.

Contagion was formerly supposed by some to exist in cancer, and was referred to as a cause of it. But the experiments of Biett, Alibert, Dupuytren, Nooth and Nesbit upon animals, and by inoculation upon themselves, with the matter discharged from cancer, have decided that it is not contagious.

Has the virus or matter of cancer any specific quality or power of circulating itself in the same individual from one organ to another? Facts seem to support the negative. True, the axillary and clavicular glands sometimes become cancerous after the breast. I say sometimes, for it is generally admitted that such glands are often enlarged by sympathy, without being cancerous. But it is not necessary to suppose that even those which are really cancerous, are made so by any absorption of matter. It is a well-known law of vital action, that irritation and inflammation, either simple or specific, existing in any tissue, are propagated along that tissue, even to a distance, rather than to others, although nearer, that have a different vital endowment and different functions to perform. Witness inflammations in the urethra extending to the bladder and testes by the mucous membrane. In cancer, as in this case, it is not necessary to suppose the transmission of virus as a cause of the secondary affection. Moreover, in cancerous breast, the absorbent vessels themselves seem to become obstructed by the disease, and to appear like cords, which probably accounts for the difficulty, I might say impossibility, of lessening the absolute size of a truly scirrhous tumor by means of discutients; and it also accounts for the exuberant granulations of cancerous ulcer, the balance between the arteries and lymphatics being destroyed. That it is not matter transmitted to the axillary glands, seems probable from the fact that in a kindred disease, the medullary sarcoma, absorbent glands are affected in an opposite direction to that of their current of circulation. Another fact in point is, that matter of cancer inserted under the cuticle, will not produce cancer in the glands to which absorbents of the part lead. From these considerations it is much more likely that the axillary glands are affected by continuous sympathy with the breast, and that having once enlarged and become irritated, they afford a suitable nidus or point of attraction, in which the cancerous diathesis of the system is kindled into disease, as it had previously been in the breast.

What are the diagnostic Marks of Cancer of the Breast?

This is a question of the first moment, as a decision of it involves the propriety of a painful operation, upon the performance of which the preservation of life may depend.

The diagnostic marks of cancer may be divided into three classes—those relating, 1st, to the scirrhous stage; 2d, to the occult cancerous stage; and 3d, the open cancerous stage. The two first are of chief importance, since an open cancer, besides its obvious and unequivocal signs, is also distinguishable from other ulcers by its previous history; the only exceptions being a few rare cases where other ulcers assume the cancerous character. The two first stages of cancer are therefore chiefly entitled to consideration, and presenting as they do the form of tumors, it is other tumors only with which they can be confounded, and from which it is our object to distinguish them. Those tumors which simulate cancer are—

1. *Hard tumors of a cartilaginous, a fibrous, and fibro-cartilaginous structure.* These are noticed first, not from the frequency of their occurrence, especially in the breast, for they are very rare—but because they approach nearest in aspect to indolent scirrhus, so much so as to puzzle the most eminent surgeons to distinguish them. They are alike hard, indolent, and sometimes knobbed upon their surface, whilst to increase the difficulty, this last mark, though characteristic of true scirrhus, is not always present in it. Among the uncertain marks are the fact that this tumor is not peculiar to the cancerous period of life, and that it is less adherent to the mammary gland than scirrhus. But the knife is the only sure test to which they can be subjected, and it affords some satisfaction to be able to assure the patient after they have been unnecessarily extirpated, that she is in no danger of a relapse.

2. *Hydatid or Encysted Tumor.*—"This begins in a swelling which is unattended with pain, and which has the character rather of a chronic inflammation in a part of the breast, than as bearing a resemblance to a scirrhus; for it has neither its mobility, its hardness, nor its general circumscribed or distinct limits, but incorporates itself with the surrounding parts of the breast. The general health is unaltered even when the swelling becomes of the most formidable magnitude.

"As it increases, a change in the nature of the swelling is produced; at first it was uniformly solid, but is afterwards distinctly divided into a solid and fluid part; the latter fluctuating so as at once to inform the surgeon of the existence of a fluid. If this part be punctured, a liquid having the usual appearance of serum, is discharged ; the cyst sinks, but soon becomes distended, and the swelling continues to grow. At length the tumor acquires an enormous magnitude, and some of the largest swellings of this organ are of the hydatid kind. The absorbent glands, in the most aggravated form of this disease, are unaffected. It is more frequent in advanced age than in youth. When removed by operation it does not return."

"This disease wants the following marks of scirrhus, viz. excessive hardness, mobility, its circumscribed limits, and its small and stationary size, and it is not peculiar to the cancerous period of life. If mistaken in its early stage for scirrhus, and extirpated, there is no reason for regret, since it does not yield to discutients, and tends to grow to such a size as ultimately to require removal."

3. *Simple induration.*—This is of more frequent occurrence than all others beside. The most common kind is produced by disturbed menstruation. Sir Charles Bell says that the number of young women, from the age of sixteen to thirty-five, who have presented themselves in the hospital with lumps in the breast, is fully equal to those who have presented themselves at a later period of life with carcinoma ; and he adds, "we have to trace an influence of the same kind in both, namely, irregular uterine action." This form of disease is described in Sir Astley Cooper's lectures under the name of "irritable tumor of the breast."

It is distinguishable from scirrho-cancer by its occurring early in life. The same tumor occurs however at the cessation of the menses, and then age is no test of its character. But it is distinguishable also from scirrhus by pain and sensibility to the touch, its redder color, its retaining more of its original structure, and being less indurated, also by the surrounding part being slightly inflamed—and lastly, by its yielding to depletion, general and local, to sedative applications, and to correction of the uterine derangement.

Under this class may also be included indurations from external violence, either sudden, as from a blow, or slight and often repeated, as pressure of the breast, and too often handling the organ. Also, indurations resulting from a suppurating acute inflammation.

4. *Herpetic Tumor.*—This arises from an irritation communicated to the centre of the breast, by an herpetic eruption upon the skin, around the nipple. It is apt to give an itching pungent sensation, which might possibly he mistaken for that of incipient occult cancer. The tumor is however sufficiently distinguishable by its evident cause and by its transitory nature.

5. *Scrofulous swellings* sometimes, though very rarely, appear in early life, or before the thirtieth year. They are attended by general marks of scrofula, and they yield to anti-scrofulous treatment.

6. *Rheumatic* and *gouty* constitutions are sometimes affected with tumors of the breast—but they are tender to the touch and painful, and exhibit other marks of acute inflammation.

Pancreatic tumor of Mr. Abernethy, the simple chronic tumor of Sir Astley Cooper. "This disease is not of a malignant nature, nor does it produce any dangerous consequences. It attacks the young and apparently healthy, seldom beginning after the age of thirty years, and usually appearing from the age of puberty to that period. It is very superficial, growing rather upon the surface of the breast than its interior. At first it feels like one of the mammary lobes enlarged ; and then, as if several were combined in one swelling. As it increases, it becomes in some degree lost in the substance of the breast. It has not the hardness of the scirrhous tumor, and is not accompanied with the loss of health of fungoid tumor," next to be mentioned. "It is an extremely moveable tumor. It is generally unaccompanied with pain, either in the part, or shoulder, or arm. It grows very gradually and slowly." It is therefore distinguishable from scirrho-cancer by the youth of the patient, by its softness, its slow and gradual growth, its being more superficial, and wanting tubercles, &c. &c.

Fungoid or medullary tumor—or *Fungus hæmatodes.*—This disease has been also called soft cancer, and being equally fatal in its tendency, and requiring the same treatment as scirrho-cancer, it may be asked why it is here separated and classed among those tumors that we wish to distinguish from cancer of the breast. The answer is, because it differs in its early stage so much from scirrho-cancer, that its admission among that class of tumors would throw our best diagnostic symptoms of scirrho-cancer into confusion, and embarrass the young surgeon unnecessarily. For this reason I have given it a separate place.

"It occurs at all ages—is not so hard as the true scirrhus, but has more the feeling of chronic inflammation at its early stages ; and as it increases, it becomes softer, yields to the impression of the finger, but immediately again fills, as the pressure is removed. After a few months, the skin becomes livid, and a distinct fluctuation may be felt that is contained in a cyst. The veins of the surrounding skin become extremely enlarged and varicose, and the surface assumes an inflammatory appearance, of a darker color than common inflammation." The cyst next ulcerates and discharges a fluid resembling bile, which is extremely nauseous to the smell.

It may therefore be distinguished from scirrho-cancer by occurring at all ages, by being softer, by its gradual growth, by the enlarged veins surrounding it, by wanting the darting pains, puckering of the skin, retraction of the nipple, knobby feel, and enlarged absorbent glands, and lastly, by impaired health from the first attack.

The foregoing tumors include about all that can be mistaken for scirrho-cancer. I have purposely omitted milk tumors, and wens, and also hypertrophy of the breast, wishing to simplify, by reducing the number as much as possible, and believing the latter tumors cannot be mistaken for cancer.

I will now recapitulate the diagnostic marks of scirrho-cancer in connection with those of the foregoing tumors, in such a manner as will enable the surgeon to distinguish the one from the others.

1. *Hardness.*—This will serve to distinguish scirrho-cancer from all of the other tumors, excepting the fibrous and cartilaginous, including the

osseous, to which the last is sometimes converted, and excepting also some chronic indurations.

2. *Insensibility to pressure.*—This will serve to distinguish scirrhous from simple induration, and from herpetic, rheumatic, and arthritic tumors. The frequent appearance of simple induration, compared with that of all others excepting scirrhus, makes its diagnostic symptoms more interesting to the practitioner than those of any other kind.

3. *Weight, in proportion to its size.*—This mark will exclude all other tumors excepting the fibrous and cartilaginous kind.

4. *Knobbed surface.*—This in a few cases of scirrhus in their first appearance is wanting, whilst on the other hand it is sometimes present in fibrous and cartilaginous tumors, and yet it is one of the best marks of scirrho-cancer.

5. *Circumscribed and stationary size.*—This will exclude all, excepting the fibrous and cartilaginous kind, and some rare cases of simple induration and scrofula, especially if it has existed more than a year.

6. *Unyielding nature to discutients and to antiphlogistic treatment, local or general.*—This will exclude all chronic indurations and most other tumors excepting the fibrous and cartilaginous, and the fungoid and pancreatic tumors. It is a valuable diagnostic, because it is brought to bear upon forty-nine fiftieths of the tumors that are not scirrho-cancerous.

7. *Darting or lancinating pains.*—These announce the approach of occult cancer, and exclude all other tumors, excepting perhaps the herpetic kind. It is a decisive diagnostic in almost all cases.

8. *Puckering of the skin* is equally decisive with the last mentioned.

9. *Drawing in of the nipple,* equally decisive of scirrho-cancer.

10. *Adhesions to surrounding parts,* to the skin, and to the muscles, whilst still void of sensibility to the touch. This excludes all the tumors simulating cancer, excepting the fungoid and pancreatic kinds, and perhaps the fibro-cartilaginous kind.

11. *Violet or bluish tint of the skin,* is decisive of cancer in all cases excepting the fungoid tumor.

12. *Swelling of the axillary or clavicular glands.*—This excludes all, excepting some rare cases of simple induration—but it does not always occur in cancer.

13. *Period of life.*—Cancer of the breast rarely appearing before the thirtieth or thirty-fifth year, mostly between the fortieth and fiftieth, and rarely after the sixtieth.

14. *Past history,* as respects exposure to the cause of other diseases that simulate cancer, and their effect at the time.

15. *Hereditary tendency* to the diseases that simulate cancer, or to cancer itself.

By thus comparing any suspicious tumor with others that simulate scirrho-cancer, the surgeon may, by the process of exclusion, decide its character with some degree of certainty, if it be a scirrhus, and with absolute certainty if the symptoms of occult cancer are present.

For example, although no one nor two marks of scirrho-cancer of the breast are sufficient to decide its character in the indolent state, yet several of them united, as hardness, knobbed surface, insensibility to pressure and of more than a year's standing, will prove it to be a scirrhus in ninety-nine cases out of a hundred. And if in addition to the above it has resisted the known remedies for the other species of tumor—has darting lancinating pains, and the skin over it is puckered and nipple drawn in, there can be no mistake in calling it a cancer.

Tumors and ulcers that are only simulative of cancer, may, as before stated, assume its real character, in constitutions that possess a diathesis or predisposition. The local disease seems to be a more combustible portion of the system, in which the cancerous flame is ignited sooner than elsewhere, and before it has arrived at that degree of intensity which would cause it to break out spontaneously in a sound part. Dr. Monroe was so impressed with this idea, and with his unsuccessful operations, that he at last advised extirpation in cases only where cancer was evolved by some local disease, believing that these were the only cases in which the operation would succeed.

Cancerous ulcer may be distinguished from others by its hard and luxuriant vegetations, its suppurative matter, which is never that of healthy pus, and always evolves a peculiar odor—by its sloughings and excavations—by the eversion of its edges—by its affecting the absorbent glands—by its incurable nature—and by its past history. Among those that simulate it, are fistulous sores with hardened edges, and some phagedenic ulcers, that by appropriate local treatment, and improvement of the constitution, may be made to cicatrize.

Is Cancer of the Breast curable?

I begin this part of the dissertation by stating distinctly that no medicine has been hitherto discovered, either of general or local application, or both combined, that can disperse a scirrho-cancerous tumor, even in the incipient or scirrhous state, or that can correct and cure the cancerous habit, on which such tumor depends.

If this be true in respect to indolent scirrhus, as I shall make it appear, when considering the reputed antidotes and specifics that have been hitherto offered, the position is still more maintainable with respect to painful or occult cancer; for, besides the obstacles belonging to the previous state, there are the additional ones of augmented size, deeper rooted cancerous diathesis, and accelerated progress. So true is this, that it has become a maxim with all good surgeons, that the longer extirpation is delayed, other things being equal, the greater is the liability to a return of the disease. I know it has been said by the distinguished Mr. Pearson, seemingly in opposition to this, that "if the removal of the morbid part were equally complete in two patients, one of whom had been afflicted seven months and the other seven years, he should esteem the latter patient in less danger of a relapse than the former." By this, however, he meant to imply, that the two cases show a difference in constitution and virulence of disease, by which its progress is more rapid and sure to a fatal termination in one than in the other, whether extirpated or not; and not, as some have inferred from his remarks, that delaying the operation in either case was advisable, as affording any security against a recurrence of the disease—for, seven years' delay would place almost any cancer beyond the reach of any surgeon's knife. But to return from this digression, not only those who regard the disease as depending on a cancerous diathesis, that tends to increase up to a certain period of life, consider delay in the use of the knife dangerous, but those also who regard the disease as local, for Sir Everard Home, who is a localist, states that the longer the operation is delayed the more it contaminates the neighboring parts, and thereby defeats the operation, by lessening the chance of extirpating all that is affected. Be the disease, then, general or local, the tumor is unyielding both in its indolent and painful state, to any known medicine, topical or constitutional. It is however proper that I should notice some of the most extolled remedies, with the view of showing their utter inefficacy :—and first, of external remedies.

Arsenical preparations.—These may be regarded as operating, not by dispersing, but by destroying, in a manner somewhat analogous to the knife, and more properly belong under the head of extirpation or ablation. Under this class may be included all medicines that act in like manner, as caustics and actual cautery.

Ferruginous preparations.—Mr. Carmichael, of Dublin, held out encouragement to the profession that great benefit would result from their use ; but the cases he detailed were probably not cancer; at any rate, there is no longer any value attached to them as anti-cancerous remedies, and they are used for cancer of the breast as sedative applications only, to palliate some of the painful symptoms of cancerous ulcer.

Mercurial preparations, particularly corrosive sublimate, were recommended by Andrew Wilson for cutaneous cancer, but his cases cited in proof of their efficacy were probably of a syphilitic character. All mercurial preparations to the surface of true scirrhus or cancer, are now considered injurious.

Alkaline and *acid substances* have been extolled at different periods, but their use is now rejected.

Vegetable and animal substances of various kinds have from time to time enjoyed a reputation as being anti-cancerous. Opium, cicuta, belladonna, digitalis, aconite, and other narcotics, have been serviceable as sedatives and palliatives in the painful state of cancer, but it is useless to add that neither these, nor gastric juice, bullock's blood, nor slices of flesh, which have at times been considered as sure remedies, are as such entitled to any confidence.

Iodine, from its known effect upon some chronic glandular engorgements, was looked to with sanguine hopes of benefit, the more so as its discutient power when long applied had caused atrophy of the testis and mammary gland itself. Mr. Ullman, a German physician, tried it in 1823, as he thought with decided benefit. M. Magendie it is said has used it with some success ; but a great many others who have tried it report differently. It is easy to conceive, however, of its exciting fallacious hopes ; for, as a powerful discutient, it might affect the inflamed cellular substance surrounding a cancerous tumor, and even the gland itself, and by reducing these, appear to lessen the whole tumor. It may also have entirely dispersed some tumors that simulated cancer; but diligent inquiry and some observation of its effects, have satisfied me that it has no influence upon a real scirrhus.

In respect to internal medicines, many of the above-mentioned topical ones have been administered without benefit, excepting as palliatives. Among these cicuta has enjoyed some reputation. Stork pronounced it an antidote to the disease. But De Haën assures us that of a hundred and twenty patients who tried it, according to the directions of Stork, not one was cured. Alibert reports a similar result upon nearly an equal number under his care, and this accords with the reported experience of most others. It appears useful in facilitating the dispersion of some other tumors, and may render cancer less painful, perhaps less rapid in its progress; but never cures it. The same may be said of belladonna, of aconite, of lauro cerassus, and some other vegetables of a similar character.

Acetate of copper, *white arsenic*, *arsenious acid*, *preparations of iron*, *muriate of barytes*, have each by turns risen and fallen in reputation. But no one pretends, at the present day, that either of them is anti-cancerous.

Distilled water, as a sole article of subsistence for many days, under the impression that it would starve out a cancer, was tried and recommended by Poteau of Lyons, and Lambe of London.

Repeated small bleedings, recommended by Valsalva and Fearon, was brought into notice probably by a trial of them in some indolent tumors that simulated cancer. At any rate, they are no longer in repute.*

I have purposely omitted a long list of specifics, as they have been termed, because they are unworthy of notice. As if no absurdity could be too gross in the selection of remedies, I will observe that green lizards, swallowed fresh, have enjoyed high reputation for the cure of cancer. They were proclaimed as sure remedies, first, by a learned professor in Guatamala, and subsequently in Spain, Sicily and Germany, and have called forth treatises of high commendation, in each of those countries. The direction is, to cut off the head and tail, tear away the skin and entrails, and swallow them while palpitating. Strange as it may seem, two of the best treatises upon cancer that are to be found in the French language, were written by men who were so far influenced by the foregoing accounts as to try them upon patients. M. Bayle caused one patient to swallow four hundred of them in the space of two months. [Dic. des Sciences Medicale, Vol. 3d, p. 667.] The other gentleman, M. Cayol, whose treatise was published in 1832, saw one patient swallow fifty in fifteen days. Their reports state that they saw no good effect, "physiological or therapeutic."

But it is useless to pursue this subject further. The high authority upon which the foregoing remedies were recommended, is the only apology for selecting them from a long catalogue of absurd prescriptions that have enjoyed reputation. We could wish, for the honor of the profession, that so many deceptions practiced upon suffering humanity could all be referred to an honest mistake in the diagnosis of cancer. But alas! every one must be constrained to believe, that "independently of this cause, the illusions of self love, the desire of renown" or the promptings of avarice, "which speculate upon the dearest interests of humanity" —a detestable unfairness that trifles with the credulity of the afflicted, and withholds from the public a true statement of failures, are the cause of the impostures that have been practiced, and which are the more reprehensible because they defer a resort to the only remedy that is entitled to confidence, until it is unavailable, and the patient's fate is sealed.

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* For an account of the trial of some of the foregoing remedies, I am indebted to Dic. des Scien. Med. Vol. 3.

The foregoing facts justify the conclusion that no medicine yet discovered possesses the power of resolving or otherwise curing cancerous tumor, or of correcting the cancerous diathesis. Here be it understood, that I do not include those medicines or other articles that kill the affected part, and which are often substituted for the knife; nor do I include mechanical pressure, which may produce atrophy or gangrene.

Are we to infer from past failure of success that the disease will always remain incurable by medicine? By no means. Syphilis was at one time as little known in its nature, and as incurable, as cancer, yet its varied forms "now yield to a medicine that was introduced in a manner purely empirical or accidental." Iodine, if not a specific for scrofulous tumors, has conferred great benefit on those who are affected with them. Who knows but some medicine may yet be found equally efficient for correcting a cancerous diathesis, and which in concurrence with some new topical application, may resolve scirrho-cancerous tumors as effectually as we are now able to resolve venereal tumors of the periosteum, of equal or even greater hardness. The chief obstacle to experiments, and it is, I admit, one of magnitude, is the danger of consuming time, in which the only remedy at present known must be tried in order for its success. The only medicine that engages public attention at this time in Europe is creosote, which on account of its efficacy in some cases of cancerous uterus is now undergoing experiments in France and England upon other cancers.

Extirpation, then, with the knife, or the destruction of its living powers, and consequent separation of it from the subjacent sound and living parts, is the chief if not the only measure that promises to effect a cure. Strangulating the tumor with ligatures drawn through or round its base and tied, has been recommended, but this presents too many objections to entitle it to further notice. To the use of actual cautery, objections are equally strong. Arsenical escharotics, the only ones now used, are justly entitled to more confidence. Yet if we reflect duly upon the danger and uncertainty that attend their operation, they must in almost all cases give place to the knife; for who can determine the exact limits to which the caustic when applied may extend, or whether it may not leave some portion of the cancer untouched, or destroy the patient as a poison? An important direction in the use of the knife is, to examine the tumor after extirpation, in order to ascertain if some indurated portion may not have been left; but escharotics afford no such means of knowing whether we have made clean work. Another important direction in the use of the knife is, to heal the part immediately; if possible, by the first intention, in order to prevent its being a long protracted point of irritation, that will be likely to assume the cancerous action. The constant failure of Mr. Monroe and many others of his day, to prevent a return of cancer, is justly attributable to a neglect of this rule. And surely the same evil must ensue, where escharotics leave a large open ulcer.

On the knife, then, surgeons have been taught by experience to rely, as their chief hope of success in the treatment of cancer of the breast. Fortunately the operation is not dangerous nor difficult, and the wound appears to heal kindly. It is probable that not one in five hundred die of the operation, and it is most usual for the wound to wear a healthy appearance for some time after. But alas! our fondly cherished hopes are often cut off by the recurrence of cancer, "either in the cicatrix, or in some other part of the body ;" and it is commonly more rapid in its progress, than it was in the first instance. The cancerous vice seems to have acquired a new degree of virulence, to diffuse its influence throughout the system, suddenly evolving all the marks of an established *cancerous cachexy*.

To the patient, then, and to himself, the surgeon must hold up the following propositions.

1. That the extirpation of a scirrhous tumor, whether indolent or painful, large or small, recent or of long standing, is no positive security against its re-appearance, and that the same is true in respect to cancerous degenerations of other tumors and ulcers.

2. That the danger of a return is greatly increased when the disease has been of long standing, or of rapid progress in its development, or if ulcerated, and especially if it has affected the axillary glands, or adheres to the subjacent muscles.

3. That there is but little hope of preventing a return, by operating after the constitution exhibits marks of cancerous cachexy.

It may be further remarked that a cancer which has broken out a second or even a third time, may yet be a fit subject for an operation. Some French surgeons have operated upon the same breast four times, and one of them a fifth time.

Relapses.—One cannot but feel surprized in reading the difference in the reports given by surgeons of the first eminence, in respect to the proportion of relapses that have occurred in their own practice. The elder Monroe said that of sixty persons operated upon for cancer, four only had not relapsed after two years. Scarpa had only seen three cases where the extirpation of cancer was not followed by a relapse. According to Boyer, four or five only out of one hundred were permanently cured by extirpation. Mr. Home describes seventeen cases of extirpated cancerous breast, five only of which proved successful. On the other hand, Mr. Hill, a surgeon of Dumfries, in Scotland, reports eighty-eight cases of extirpated cancer, six out of seven of which proved successful. Mr. Nooth says that not more than one in thirty of his patients experienced a relapse. Mr. Fearon's experience is nearly as favorable. Sir Astley Cooper estimates the failures of entire cure at three-fourths.

In this country, so far as my inquiries have extended, the proportion of relapses is a little short of one half.

Satisfied as we are that the above-named gentlemen in Europe are entitled to the highest respect as operators, it seems difficult to account for such various results. In respect to Dr. Monroe, however, it is stated in the Edinburgh Essays, Vol. 5, by a writer who had perused Dr. Monroe's MS. lectures, that " he recommended the operation too indiscriminately, and without prescribing the necessary limitations." It is well known, too, that in Dr. Monroe's day it was customary to heal the wound of an operation by the slow process of granulation. The same remark is no doubt applicable to the patients of Scarpa in the early part of his professional career, and Boyer continued to stuff with lint the wounds made by the operation until the latter years of his life; whilst the British surgeons, very soon after the days of Monroe, changed their mode of dressing, by endeavoring to heal the wound as much as possible by the first intention. To this it should be added, that in Dr. Monroe's time it was erroneously supposed that by keeping up a discharge from the breast, the return of the disease would be prevented, and with this view it was directed that when the sore was reduced to the size of the palm of the hand, it should be kept open for the remainder of life, and to apply occasionally common caustic and black soap, in the form of an ointment, for the purpose of promoting a discharge. Now the doctrine we have maintained that local irritation is apt to evolve cancer in those who are strongly affected with cancerous diathesis (and who can be more so than those who have had cancer extirpated?), would lead to the conclusion that these different modes of treatment must be followed by results somewhat various.

Another circumstance of equal importance to the success of modern surgery, is, the practice of removing every portion of the cancer and something more—of examining the extirpated tumor to see that sound and healthy looking flesh appears throughout its cut surface, and for removing any suspicious portion that remains in the wound, which can assume the cancerous character. Nearly all modern authors counsel our making the incisions in an apparently healthy part, beyond the limits of the tumor—a direction less insisted upon formerly.

Can a relapse be prevented by any treatment, local or general?—We have already shown that no known specific against cancer exists, in the Materia Medica, and the profession is therefore confined to the course of merely combatting such diseases and derangements of the constitution as are supposed to favor a development of the cancerous vice. The foremost of these appears to be derangement of the uterine function, at or near the period of the cessation of the menses. The views before given of Sir Charles Bell, show its great importance, and the necessity of correcting every deviation from health, by the means ordinarily recommended in such cases.

From an impression that peccant matter exists in the circulation, in cancerous constitutions, which might be drained off, issues have been prescribed from time immemorial; but the experiments of MM. Deschamps and Gurnier upon an extensive scale, show satisfactorily that they can have no effect upon a cancerous diathesis, and that applied to the part affected, they are worse than useless. As a general direction we are to avoid every cause of constitutional irritation and derangement, to preserve a cheerful state of mind—in one word, to conform to the strict rules of hygiene.

In respect to local treatment, for the prevention of a relapse, it is now generally recommended to abstain from every application that can irritate the skin, to treat the cicatrix with the utmost tenderness, and to keep it constantly preserved from sudden changes of temperature, by some soft covering of the nature of down, “ or a swan's skin. Sir Charles Bell in accordance with this, and with his view of the intimate relation subsisting between diseased uterus and mammæ, directs that a cancerous breast should, as far as possible, be made an internal part, by such dressings ” as will protect it from changes of temperature, give it a gentle support, and soothe the skin. This he prescribes for cancerous tumor, and it is equally applicable to the cicatrix, after its removal.

Finally, the foregoing pages authorize the conclusion that our acquisitions on cancer within the last half century, amount only to a more exact notion of the tissues of cancer, obtained by a closer attention to pathological anatomy—to a more exact analysis, which has excluded tumors of another nature—to the rejection of unfounded hypotheses, and to a more certain diagnosis in some cases—but that very little has been added to the treatment.

Treatment of Cancer by Compression.

I will now notice a mode of treating cancer, which, although not essentially new, has recently obtained such favor in Paris, as to deserve attention—it is pressure of the tumor, with the view of producing atrophy. In 1829, M. Recamier published two volumes entitled “ Recherches sur le Traitement de Cancer par la Compression.” The first volume presents a history of sixty-two cases of cancer of the breast, a summary of which is given in the following tables.

Table 1st.—Of	62	cases	of cancer of the breast,
	5	“	were not treated.
	11	“	palliatives only.
	45	“	treated with hope of success.
Table 2d.—Of	45	cases	treated with hope of success,
	30	“	were treated by compression alone.
	4	“	compression and cauterization.
	5	“	compression and extirpation.
Table 3d.—Of	30	cases	treated by compression,
	10	“	cured.
	4	“	almost cured.
	4	“	less advanced in treatment.
	6	“	have less favorable chances.
	4	“	have obtained slight advantages.
	2	“	not any benefit.
Table 4th.—Of	4	cases	treated by compression and cautery,
	2	“	cured.
	1	“	nearly cured.
	1	“	received temporary benefit.

Table 5th.—Of 5 cases treated by compression and extirpation,
3 " cured.
1 " relapsed.
1 " dead.

Table 6th.—Of 6 cases treated by compression, cautery and extirpation,
5 " cured.
1 " dead of another disease during treatment.

General summary.—45—curative treatment.
20—cured.
15—under treatment.
10—treatment failed. (Two of these ten died of other affections.

Cause.—16 Blows.
39 No local violence.
5 { Other cancerous persons in same family.
2 { Blows, and suspected hereditary causes.

Age.—Less than 12 years, 1.
Between 20 and 30, 3.
" 30 and 40, 15.
" 40 and 50, 22.
" 50 and 60, 16.
" 60 and 70, 4.
" 70 and 80, 1.

Side affected.—25 Right side.
35 Left side.
2 Both sides.

Relapses after extirpation, 11.
" after Recamier's treatment, 1.

Complication of secondary engorgements.—In axillary region, 21.
Sub-clavicular, 4.
Super-clavicular, 3.

The treatment by compression was adopted by Sir Charles Bell at the Middlesex Hospital in London, probably in consequence of the statements of M. Recamier; but Sir Charles reported to the Medical Committee that it was not entitled to confidence. M. Recamier stated in reply that if compression was unsuccessful at the Middlesex Hospital, it was because it was not properly exercised nor modified, according to the stage of the disease. I have been at some pains to ascertain from Paris the manner that M. Recamier would prescribe, a summary of which is as follows. He employs layers or disks of agaric cut smoothly, and placed over the scirrhous tumor. These he retains on the part by bandages of flannel, without seams or selvages, rather more than two inches wide, and eight or nine yards long. He places a disk of agaric on each breast, and then several additional ones on the one affected with scirrhus, placing them so that the centre of pressure may fall on the most prominent part of the tumor. When this last is very prominent, the disk of agaric must be thick, and vice versa. The pressure of the bandage cannot be borne by some patients, unless it be very skilfully applied, perfectly equal over the whole surface. " Elle doit être égale, douce, constante, generale, modifiée à mesure que l'affection locale se résout, et continuée après la résolution de l'engorgement—une compression inégale devient promptement douloureuse; l'appareil se relachant ou blessant après un certain temps, il est nécessaire qui'il soit renouvelé souvent, tous les jours s'il n'y a pas d'ulceration, et deux fois par jour s'il y en a."

M. Cayol, who was a professor in the Faculty of Medicine in Paris, in 1829, published a learned treatise on cancer in 1832, in one volume. To this is added an Appendix entitled "Progress of Science with regard to Cancerous Diseases, &c." Here the author gives an account of Recamier's method of compression, and he declares it to be a conquest in therapeutics which should be placed by the side of lithotrity and the preparation of the sulphate of quinine.

Such are the opinions of M. Recamier's method of treating cancer, but respecting which the foregoing dissertation suggests to the reader's mind two difficulties.

1. That its slow operation consumes the precious time in which extirpation offers its best chance of success.

2. That however skilfully applied to the patient, even by M. Recamier himself, bandages will never press a cancerous diathesis out of her system.

SPINAL IRRITATION—MASTURBATION—CHOLERA INFANTUM.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I have often desired and sometimes designed to make an attempt to communicate something to the members of our profession through the medium of the Journal, but perhaps an ideal lack of time, and probably real want of ability, has hitherto prevented ; and nothing but a sense of paramount obligation, urges me to make this communication. In the statement of the following case, a desire of information as to the efficient treatment is my sole object ; and I must be permitted to indulge a strong hope, that any members of the profession who feel themselves qualified, will, on reading it, delay not to reply, that the editor may publish what he shall deem most likely to subserve the interest of the inquirer and his patient.

The subject of this communication, when an infant, had a discharge from the ear for some time, but was ultimately relieved, and continued free for a number of years, until a very hard snowball was thrown against the ear, which produced inflammation, followed by suppuration, and succeeded by ulceration, which has occasionally troubled him ever since. During infancy and childhood he was occasionally afflicted with painful, but free micturition, which followed him through adolescence and puberty—has given him great anxiety lest the disease should terminate in stone, as he believed it to be gravel.

At the age of about nine, he commenced a labor that required some lifting of burdens, thought to be too heavy for his strength, and was supposed to sprain his back, which rendered it difficult to rise from stooping, especially with any considerable weight. During all this time, however, he enjoyed very tolerable health, with the above exceptions. When about seventeen, he entered an attorney's office as clerk, and remained, I should think, about one year, when he left some six months to attend to other business, and then returned and read a few months, but found it again necessary to leave by reason of a spinal irritation. Medical treatment restored him so far that in about four months he thought proper to return to his studies, to which he attended till January, 1835, always feeling a sense of prostration when he confined himself to the writing desk for some hours, especially the latter part of the time.

At this time the attention of the physician being again called, the spinal irritation was found to have returned to an aggravated degree, and he was advised to discontinue his studies immediately, attend to the removal of his disease, and if possible attain to a perfect restoration of health and vigor. But a short time elapsed before his physician was led to inquire if self-pollution might not produce or aggravate the malady. After a moment's reflection, he candidly replied, "It *may*." He was admonished that he must abstain immediately and totally, as he valued his life. He replied, "I will," and I doubt not has redeemed his pledge. I would here observe, he is a young man of as unimpeachable reputation, of as unstained moral character (unless this may form an exception), as lives; but has associated little more with the other sex than to escape notice for singularity. To return. Under the operation of remedies that were deemed appropriate, a detail of which it is presumed would be neither interesting nor profitable, the spinal irritation seemed to have subsided, and health to have returned so far that he ventured to walk out, but it prostrated him.

This alternate *apparent* recovery and prostration have been repeated a number of times, and he is now laboring under an increasing gonorrhœa dormientium, but, as he declares, without dreaming, to his knowledge and recollection. These emissions never fail to debilitate him. Since irritation ceased to be produced by pressure on the spine, there has been a sense of "tiredness" whenever he has walked far; and when anything like pain has been felt, it has been referred to the right sacro-iliac junction, and course of the right spermatic cord, attended with much tenderness of the right testicle, and laxity of the cremaster muscle. Many physicians have been consulted, but with less benefit to the patient, as will appear evident, than could have been wished.

I here rest the case, pledging my word to answer all questions necessary to a further elucidation of the subject.

Now, Sir, that my attention is drawn to the subject of asking advice, I venture to solicit, through the same medium, information on the pathology and therapia of what we judge to be "cholera infantum," at the following stage, viz. when vomiting ceases, and purging of a dark green tenacious substance continues; sometimes changing color, &c. attended with retching, yawning, furred tongue, somewhat accelerated pulse, intense thirst, occasional suspiration, &c. &c. the retching generally accompanying the movement of the bowels. In this vicinity, what is termed "summer complaint in children," embracing nearly every state attended with laxity of the bowels, is seldom rife; and when it is so, is not as fatal as in many parts of the Western country, if we may believe reports. Nevertheless, it occasionally proves so, being seldom if ever removed when attended with the above-named symptoms. I will merely say, in conclusion, *generally*, in *such* cases, though not *always*, such symptoms take place before the physician is called.

If the above, especially the *former*, should be thought worthy of a place in your Journal, which I deem the most suitable one within my knowledge, their publication will confer a very sensible obligation on a patron. V.

Otsego Co. N. Y. August 20th, 1835.

MEDICAL REFLECTIONS.—NO. V.

[Communicated for the Boston Medical and Surgical Journal.]

In my last No.* on the inexpediency and invalidity of granting patents for the practice of medicine,† I omitted to observe that the law, if it can be so construed as to justify the issuing of patents for the practice of medicine, is unconstitutional and a direct infringement upon the rights of each and every one of these United States. In a government like ours, all power emanates from the people in their sovereign capacities; and it is an admitted axiom that all power not expressly delegated by the several States to the general government, is retained in the State governments or in the hands of the people. It has never been pretended that any power to regulate the practice of medicine was ever granted by the several States to the general government, and consequently a large portion of the States have enacted laws designedly to regulate the practice of medicine. But what has been the effect? Why, instead of controlling quackery under its usual forms of patent medicine, nostrum, and patent *doctor*, or rather patent practitioner, the action and sanction of the general government have increased the evils which the several States attempted to retard. The State laws on the subject, instead of being respected and reverenced as the acts of sovereignty, are boldly set at defiance by men destitute of science, of learning, and frequently of common honesty. The present writer hazards nothing in the opinion that it was an oversight, and not a deliberate act in the general government, to commence issuing such patents as those referred to, and that the practice, upon reconsideration, will not be continued, altered or amended, but entirely annulled, revoked and abolished. It is the duty of each and every State to take the matter in hand, and to pass such laws as shall prohibit, under severe penalties, the making or vending any secret nostrum or patent medicine. The speculations in human life and health daily carried on by apothecaries in their trade with these articles, call loudly for reform and legislative interference; and if a reform cannot be brought about either by their own sense of justice and propriety and the acquirement of adequate knowledge to the proper exercise of their calling, or by legislative enactments, perhaps then the only and ultimate remedy may be found in the hands of the faculty, who may, in a body, refuse to trade with all apothecaries and others who deal in patent medicines, nostrums, &c.

This subject is one of intense interest, and I feel well assured that I have come far short of doing it justice—that my humble abilities are inadequate to the task, and that there are others whose talents and acquirements justly designate them as fit persons to whom I may now transfer it. In taking my leave of the subject, I must call the attention of your cor-

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[*] See p. 218, Vol. XII.

[†] Of which the mummery of Thomson and Howard are examples.

respondent J. H.* who has my thanks and good wishes for his essay in a former volume of the Journal, and I entreat him to renew his communications on this subject. GAMMA.

August 18*th*, 1835.

MORTIFICATION OF THE LOWER LIP.

[Communicated for the Boston Medical and Surgical Journal.]

SOMETHING has been communicated in your Journal of late upon a disease termed gangrenopsis, or gangrenous erosion of the cheek or some other part of the face. The local affection, I apprehend, which has received the above appellation, is not often, if ever, *sui generis*, but rather a consequence or sequel of erysipelatous, typhous, or some other kind of malignant fever. Take an example :—

A boy, 4 years of age, about the middle of last May was violently attacked with fever. On my first visit, I discovered in his case what seemed to indicate great danger, and pointed it out to his parents. There was something in an assemblage of his symptoms which rendered his case peculiar, and which is not very easily described. He lay in that kind of stupor, and had that low muttering delirium, which is frequently witnessed in the last stage of typhus, and sometimes in hydrocephalus internus. His eyes were sunken, pulse small and quick, skin dry and not much above the natural temperature. He had had pain in his bowels, attended with a looseness, but this had subsided in a measure, and was followed by tossing and general restlessness. On my first visit I indulged little expectation of his recovery. The parents could give no account of the cause of his sickness, unless it was fatigue, occasioned by his plays the day previous.

I commenced the treatment by giving four grains of calomel every four hours. Next day I found the medicine had operated thoroughly as a cathartic, and had made a favorable impression upon the disease. Although the fever was more fully developed, the cerebral affection was much relieved. Calomel in smaller doses, combined with James's powder and camphor, every four hours, was my principal prescription for the second day. The third day I discovered no material alteration. At the suggestion of some one present that the boy might have worms, I gave an infusion of Carolina pink and senna, in addition to his other medicines.

On the fourth day I found that his bowels were completely evacuated, without improving his case. A small purple blister, not larger than a cent, had made its appearance on his left side, and so rapidly did it spread that in a few hours it was equal in extent to four inches square. By removing the cuticle and evacuating the serum, the cutis vera appeared of a dark color, interspersed with bleeding points. This was followed by smaller blisters of a similar character upon different parts of his body, none of which showed any disposition to heal. Calomel, up to the fifth day of his disease, had been used freely, and the patient allowed to quench his thirst by drinking cold water. His mouth and face were in a good condition.

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* See page 349, Vol. XII.

But things did not long remain in this situation. On the 6th day, one side of his face began to swell, and so rapidly did it proceed, that by the 7th it had closed one eye entirely. It appeared nothing different from what is usually seen in erysipelas of the same part. The future treatment was *tonic*, *soothing* and *cordial*—consisting principally of Sulph. Quinine, Carb. Ammonia, Opium, Wine, and liberal nourishment. Mortification commenced near one angle of the mouth, and continued to extend, so that in two or three days it occupied the whole of the lower lip and some part of the face. Blisters and yeast poultices were applied over the mortified part, and nitric acid diluted was used as a gargle. But all was unavailing. A line of separation formed, but did not afford a barrier to the mortification, which rapidly progressed.

While this process of partial death was going on, some of the patient's symptoms were actually improved ; and, what is not uncommon in such cases, fears were entertained of his recovery after the disease had made such ravages as to render his death desirable. He died in just two weeks from the time of his seizure.

I fear it will be long before physicians are able to obtain a cure in cases like the one above described. Fortunately, however, such cases are not frequent. In upwards of twenty years practice, I have seen but three in the whole. These were quite analogous, not only in their general appearance, but in their duration and termination. In every instance where the complaint is symptomatic, our attention is to be directed to the primary disease. If this can be subdued early, we have little to fear from what may be termed consequences.

The question may be asked, why certain febrile affections should produce or terminate in gangrene of the mouth and face ? My answer is, because it is their nature, independent of adventitious circumstances, to do so. I have never known a mercurial salivation produce anything like the effects narrated in the above case ; neither do I believe mercury capable of thus operating. Instead of regarding it as a cause of the complaint in question, I would sooner expect to find a remedy in its early and energetic use, in many cases, at least, than in any other agent with which I am acquainted. It may be given early, either as a febrifuge or to restore secretions, or with a view to its specific effect. A mercurial action, when properly obtained, it is well known, will stand against almost any disease. I am no advocate for an indiscriminate, but a judicious use of mercury. This powerful agent, in the first stage of many cases which are hurrying on to a fatal termination, will not only arrest them in their progress, but, if assisted by appropriate remedies, will restore the patient to his usual health. But whatever remedies we use, as has before been intimated, should be directed to the primary disease. J. S.

Montpelier, *Vt. Sept.* 6, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, SEPTEMBER 16, 1835.

BOYLSTON PRIZE QUESTIONS.

In presenting the profession with the dissertation on Cancer, which occupies so large a portion of the Journal to-day, it may be interesting to those at a distance to understand the origin and object of these annual essays. Ward Nicholas Boylston, Esq. a wealthy and benevolent citizen of Boston, was the individual who some years since placed in charge of the University at Cambridge, a sum of money, the interest of which constitutes the Boylston prizes. A committee of medical gentlemen, eminent for their acquirements, are selected by the President and Fellows of the College, which committee are empowered to propose questions on medical subjects to the profession in the U. States. The essays on these subjects are examined by the committee, separately, and the one most meritorious in their estimation, even if at variance with their private opinions, secures for its author the prize of $50, or a gold medal, suitably inscribed, of that value. The names of successful writers are wholly unknown till after their manuscripts have been accepted. On the other hand, unsuccessful competitors are never known, unless they choose to be, as their papers are returned any time within a year, on being called for, with unbroken seals to the envelopes containing their names.

It will be admitted by all that there is the most perfect uprightness and good faith manifested—that there is neither favoritism nor prejudice operating either for or against the claims of writers. There has been a commendable ambition to labor discoverable in the competitors, as no season has passed, since the establishment of the prizes, without attempts to win them ; and every approved dissertation has been creditable to the author, and honorable to our country. Dr. Parsons seems to be particularly successful, as the present is the fourth prize he has carried off. To his own dissertation, however, we cheerfully refer our readers, with a full belief that they will feel their obligations to him for the best treatise on cancer—that terror of patients—extant in the English language. They will regret, with the author and with us, that medical science is yet so inefficient in the treatment of this disease ; but all the known resources of our art will be found plainly and candidly detailed.

ABRACADABRA.

Although this, together with Dr. Doane's new edition of "Good's Study," has been a considerable time on hand, it has been inconvenient to give either of them that careful examination which the publishers have a right to expect :—space is to be allotted for them hereafter.

With respect to the *Abracadabra* of the nineteenth century, the greatest of all modern medical moonshine, Homœopathic medicine, by Dr. William Leo-Wolf, it is only necessary to remark that a very curious chain of ingenious and critical research is discoverable in the author. He applies potentials to Dr. Hahnneman, like a fearless surgeon, and both by reason, and plain appeals to common sense, shows that homœopathia is too ridiculous to merit serious consideration. What are we to think of one of Hahnneman's great truths—that *itch is the only cause of all chronic diseases!* The publishers will please accept our thanks for their polite attentions.

THE PLAGUE.

A LETTER from Marseilles has lately been published in New York, giving an account of the successful treatment of cases of the plague by Dr. Abbott, and of his belief in the non-contagiousness of the disease. Dr. A. is not the only medical practitioner, even in plague countries, who considers it merely endemic. The celebrated Clot-Bey has recently addressed a letter to M. Chervin, of Paris, from which we extract the following interesting particulars in regard to this disease.

"The number of medical men at Cairo and Alexandria does not exceed twenty. The greater part of these are contagionists in a high degree, who cover themselves with oiled silk, and only touch their patients at a distance. At Cairo there are three French and one Spanish medical men, who treat plague cases. They visit their patients as if the latter were affected with an ordinary disease, and they take no precautions of any kind against contagion. The time devoted by them to each autopsy is nearly three hours. Two young French physicians are studying in the same way at Alexandria. The plague commenced at the latter place in November last, and since then has destroyed 20,000 persons.

"The first symptoms of this disease are very similar to those of the inflammatory typhoid fever. About the third day the buboes and carbuncles of the plague appear, and signs of intestinal irritation set in. On the fourth or fifth day the petechiæ and bluish spots make their appearance on the skin. The petechiæ are particularly observed on the neck, the chest, and the limbs. The buboes rarely attack the neck, and are oftener observed in the groin than in the axilla. The bodies in general do not seem to have a greater tendency to putrefaction than any others, and are far from exhibiting the frightful appearance which is generally described by authors and painters. After death the arteries are found empty, and the heart and veins filled with dark blood. The spleen is very much engorged, and often of double its natural volume, and softened. The kidneys are of a dark-blue color, and the stomach always contains a dark fluid, its membrane being much injected with spots, like petechiæ or ecchymosis. The intestines exhibit the same appearance. The lymphatic glands are always engorged, and exhibit a volume five or six lines larger than natural; their tissue is soft, and of a dark blue. The same change is seen in all the glands along the vessels of the abdomen and chest. There is engorgement of the sub-arachnoid veins, but with this exception, the parenchyma of the brain and spinal marrow do not present any remarkable change, save in two or three cases, where it appeared a little softened.

"The physicians of Alexandria do not believe the disease to be epidemic, while, on the contrary, M. Clot-Bey and his friends are convinced of its being so. He does not attempt at present to decide the question of contagion, though he evidently leans to the side of non-contagion; but he observes that six physicians, besides students, attendants, &c., have been in the daily habit of touching and dressing the patients, without any one of them as yet having been affected by the disease."

Laceration of the Perineum.—In the 9th Vol. of the Medical Journal is a case of this nature detailed by Dr. John P. Mettauer, of Virginia, in which an operation was successfully performed. Leaden ligatures were made use of, and the divided surfaces, which had healed, were thus kept in contact, after being denuded, and in six weeks were perfectly re-united. A new method has lately been adopted in England by Mr. Copeland, who has succeeded in curing several patients laboring under recto-vaginal communication, simply by dividing the sphincter muscle of the anus. This division, by causing the fæces to flow out of the rectum as fast as they enter it, keeps the bowel in an empty and passive state, and the communication is thus enabled to cicatrize. It is evident that the expediency of this operation depends upon circumstances which the practitioner cannot always command. The laceration must necessarily be recent, and the parts in a healthy state.

Creosote.—The Harveian Society of Edinburgh have fixed on the following subject as their Prize Essay for the year 1836, viz. "The Chemical and Medical properties of Creosote, with the best means of preparing it." The prize is either a copy of the quarto edition of Dr. Harvey's works, or a silver medal with a suitable inscription, at the option of the candidate. The editors of the U. S. Medical and Surgical Journal, New York, also offer a premium for the best essay on the same subject—the dissertations to be addressed to them in the usual manner, free of expense, on or before the 1st of May next. The prize will be a copy of Prof. Beck's Medical Jurisprudence (new edition), and a copy of Harper's new edition of Good's Study of Medicine—both elegantly bound in calf.

New Medical Work.—Messrs. Carey, Lea & Blanchard, of Philadelphia, are about to put to press a Treatise on General Therapeutics, by Professor Dunglison. The same publishers will also, as we are informed by the N. A. Archives, shortly issue "Clark's Treatise on Pulmonary Consumption."

Medical Degrees.—At the late Commencement at Williams College, the degree of M.D. was conferred on 27; at Yale College, 17, and the honorary degree on four. At Bowdoin College, the degree of M.D. was conferred on William Adams, Royal M. Ayer, Madison Bray, Henry S. Dearborn, Samuel Dinsmore, Ezekiel D. French, William L. Harmon, William Hunnewell, Nathaniel J. Knight, Joseph H. North, Alvah Parker, Noah O. Parker, Hazard A. Potter, Joseph F. Potter, Putnam Simonton, Samuel M. Smith, Henry A. True, and Aurelius L. Weymouth. No honorary degrees were conferred. Jedidiah Cobb, M.D. of Cincinnati, Ohio, was elected Professor of Anatomy and Surgery in the Medical School of Maine, and William Perry, M.D. of Exeter, N. H. was elected a lecturer on the Theory and Practice of Medicine for the next course of lectures.

Creosote in Diabetes.—Prof. Grant having been unsuccessful in seven cases of diabetes mellitus, was induced to treat the eighth with creosote, which was completely successful. The patient was a man, fifty years old, who had passed seven Berlin quarts of urine, daily, containing considerable sugar. An emetic was first given, beside some other medicinals, but ineffectually, till eight drops of creosote were swallowed, every day, for a while, in the form of pills. Very speedily the quantity of urine was reduced nearly one-half, and favorably changed in character. Finally, after a gradual daily increase of dose, the patient took twenty-four drops a day. The urine now assumed a natural color, containing the ingredient of that fluid in its normal condition, and the man was considered cured.

This article appears to be destined to produce a very important revolution in the mode of treating several diseases heretofore the dread of the profession.

Death of Leaves by the Fumes of Lead.—A young sugar tree (*acer saccharinum*), planted along one of the side-walks of this city, put forth several tufts of leaves near the top of the stem, about seven feet from the ground. When they were growing luxuriantly, the box, a large one, in which the tree was enclosed for protection, was painted with white lead, in oil. By the next day the whole of them had wilted, and have since been replaced with a new crop. This was a palpable and fatal case of saturnine paralysis in the vegetable kingdom.

Western Journal of the Medical and Physical Sciences.

Nitrate of Silver in Tonsillitis.—It is well known that no disease is more likely to recur than suppurating tonsillitis, which, under the name of quincy, will return upon some persons, on the slightest exposure to a cold and damp atmosphere, subjecting them to repeated suppurations. It is perhaps not generally known, that on the access of this malady, a vigorous and early application of lunar caustic, in the solid form, or dissolved in rain water, in the proportion of eight or ten grains to the ounce, will more certainly arrest the inflammation and prevent an abscess, than any other method of treatment. If, however, there should be fever, venesection and an emetic should be premised. The application of solid caustic to the tonsils until they "turn pale," gives but little pain. If it should escape from the quill and be swallowed, it may be decomposed with salt and water, or a solution of sulphate of magnesia.—*Ibid.*

Chalybeates in Dropsy.—Dr. William Pettit, of Columbiana county, Ohio, has sent us a paper commending the use of Rubigo Ferri mixed with Port wine, in the treatment of dropsy. He thinks that the influence of Dr. Rush, in favor of the antiphlogistic method, has had, in many instances, an unfavorable effect on the practice of American physicians. Dr. P. states, that his attention was some time since directed to this medicine, by Dr. Isaac Parker, of Jefferson county, in this State, an old and respectable physician, who assured him that he was generally successful in the management of ascites and anasarca, by means of the following preparation :—

R. Carbonate of Iron, ℥ i.
Port Wine, Hj. Mix.

Agitate when used, and give half an ounce three or four times a day

Dr. Pettit has given two successful cases in detail.—*Ibid.*

To Correspondents.—The following original communications are on hand for insertion:—Constitutional Effects from Local Injury—Case of Corneitis—Effect of Alcohol on the Liver—Case of Gonorrhœal Ophthalmia. Also a translation of Researches on the Nutriment of Gelatine, and a corrected copy of Dr. Mettauer's essay on the Crusta Genu Equinæ, published in the last No. of the Phil. Journal.—The Meteorological Table for the last month has not been received from the gentleman to whom we are indebted for its hitherto regular transmission.

Died—At St. Helena Island, S. C. Dr. Charles W. Capers, aged 41, a graduate of Yale.—At Greenbush, N. Y. Dr. Charles Hale, aged 36.

Whole number of deaths in Boston for the fortnight ending Sept. 12, 130. Males, 73—Females, 57.

Of scarlet fever, 2—infantile, 12—dysentery, 10—convulsions, 6—teething, 3—croup, 1—inflammation of the lungs, 1—fever and ague, 4—ulceration of the intestines, 2—drowned, 1—disease of the head, 1—throat distemper, 5—measles, 14—bilious fever, 2—inflammation of the stomach, 1—inflammation of the brain, 2—cholera morbus. 2—disease of the heart, 2—lung fever, 3—cholera infantum, 3—epilepsy, 1—dropsy on the brain, 3—decline, 1—old age, 4—hooping cough, 5—consumption. 8—hip complaint, 1—inflammation of the bowels, 1—accidental, 1—worms, 2—dropsy, 2—typhous fever, 7—mortification, 1—bowel complaint, 4—liver complaint, 1—canker, 1—disease of the brain, 1—brain fever, 1—cramp, 1—quincy, 1. Stillborn, 2.

ADVERTISEMENTS.

WASHINGTON MEDICAL COLLEGE OF BALTIMORE.

The Annual course of Lectures in this Institution will commence on the last Monday of October.

James H. Miller, M.D. Professor of Anatomy, Physiology and Pathology.
Samuel K. Jennings, M.D. Prof. Materia Medica, Therapeutics, Hygiene, and Medical Jurisprudence.
William W. Hardy, M.D. Professor Obstetrics and the Diseases of Women and Children.
John C. S Moukur, M.D. Professor Theory and Practice of Medicine.
John P. Mettauer, M.D. Professor Surgery and Surgical Anatomy.
Edward Foreman, M.D. Lecturer on Chemistry, &c.
Washington R. Hardy, M.D. Demonstrator of Anatomy. This department will be open from the 1st of October.
Sept 16—3t

BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.—John C. Warren, M D.—Rufus Wyman, M.D.—George C. Shattuck, M D.—Jacob Bigelow, M.D.—Walter Channing, M.D.—John B. Brown, M.D.—George Hayward, M.D.—John Randall, M.D.—and Enoch Hale, Jr M.D.

At the annual meeting of the Committee held on Wednesday, August 6th, 1835, a premium of fifty dollars, or a gold medal of that value, was awarded to Luther V. Bell, M.D. of Derry, N. H. for a dissertation on the following question—"What diet can be selected, which will insure the greatest probable health and strength to the laborer in the climate of New England; quantity and quality, and the time and manner of taking it, to be considered."

Another premium of the same value was awarded to Usher Parsons, M.D. of Providence, R. I. for a dissertation on this question—"What are the diagnostic marks of cancer of the breast; and is this disease curable?"

The following prize questions for the year 1836 are now before the public, viz.

"1st. How far are the external means of exploring the condition of the internal organs to be considered useful and important in medical practice?"

"2d. To what extent is an active medical practice useful in the common continued fever of this country?"

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D. Boston, on or before the first Wednesday of April, 1836.

The following questions are now offered for the year 1837, viz.

"1st. What is the nature of Neuralgia, and what is the best mode of treating it?"

"2d. To what extent, and in what places, has Intermittent Fever been indigenous in N. England?"

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1837.

The author of the successful dissertation on either of the above subjects, will be entitled to fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied with a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz.

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith. GEORGE HAYWARD, *Sec'y.*

Boston, August 22, 1835. 3te3w

Publishers of Newspapers and Medical Journals, throughout the United States, are respectfully requested to give the above an insertion.

MEDICAL AND SURGICAL EDUCATION.

The subscriber continues to receive medical pupils at the United States Marine Hospital, Chelsea, and to offer them the following advantages.

The institution at present contains seventy beds: all of which are occupied during the autumn and winter by the subjects, both of medical and surgical treatment. The number of patients in the spring and summer is rather less. The average number daily, throughout the last year, was between fifty-five and sixty. The number is annually increasing. A greater variety of disease is thus presented, than is to be found in those hospitals exclusively appropriated to the poor of any city.

The students have unrestrained access to these cases during all hours: as also to the extensive apothecary shop connected with the establishment.

A valuable medical library is offered for their use.

Facilities for the cultivation of demonstrative anatomy, are afforded through the winter.

The students are provided with a suitable apartment in the hospital, which is furnished with fuel and lights, without charge.

Fees, $50 a year.

Board may be procured in the vicinity of the hospital, at from $2,50 to $3,00 per week.

Boston, April 21, 1835. (April 29.—tf.) C. H. STEDMAN.

MEDICAL INSTITUTION OF YALE COLLEGE.

The annual Course of Lectures in this Institution will commence on Thursday, Nov. 5, 1835, and will continue seventeen weeks. There are at least five lectures daily throughout the term, and a part of the time six. The several branches are taught as follows, viz.:

Principles and Practice of Surgery, by Thomas Hubbard, M.D.
Theory and Practice of Medicine, by Eli Ives, M.D.
Chemistry and Pharmacy, by B. Silliman, M.D.
Materia Medica and Therapeutics, by William Tully, M.D.
Anatomy and Physiology, by J. Knight, M.D.
Obstetrics, by Timothy P. Beers, M.D.

The fee for each of the first five branches is $12,50, and for the last $6,00, which, together with a matriculation fee of $5,00 and a contingent bill of $2,50, are to be paid in advance. The graduation fee is $15.

Since the last term, extensive alterations have been made in the College buildings;—those parts of it especially which are appropriated to anatomical purposes, have been made more extensive and commodious, and every facility will be afforded to those who wish to pursue the study of anatomy.

The price of board, lodging, &c. in New Haven, is from $2 to $3 a week, and other necessary articles in proportion. (Sept. 3—ep6w.)

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of Medical Instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive Clinical Lectures on the cases which they witness there.

Instruction, by examination or lectures, will be given in the intervals of the Public Lectures of the University.

On Midwifery, and the Diseases of Women and Children, and on Chemistry	By Dr. Channing.
On Physiology, Pathology, Therapeutics, and Materia Medica - - -	By Dr. Ware.
On the Principles and Practice of Surgery - - - - - - - -	By Dr. Otis.
On Anatomy, Human and Comparative - - - - - - - -	By Dr. Lewis.

For the greater accommodation of the Class, a room is provided in the house of one of the instructers, having in it a large library, and furnished with lights and fuel, without charge to the students.

The Fees will be, for one year, $100. Six months, $50. Three months, $25.

The Fees are to be paid in advance. No credit will be given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston. 6m.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr

Boston, April 1, 1835.

MEDICAL INSTRUCTION.

The subscribers have associated for the purpose of giving Medical Instruction on the following terms:—

Convenient Rooms well furnished, with access to a good Medical Library, and the necessary facilities for demonstrative Anatomy and Surgical operations.

The privilege of attending at the almshouse and a private hospital, now in successful operation, together with the important cases, both in physic and surgery, which occur in a pretty extensive private practice. Terms—$50 a year.

JOSEPH H. FLINT,
ELISHA MATHER,
AUSTIN FLINT.

Northampton, Mass.

☞ Instruction in modern Dentistry will be given for a small additional compensation.

May 13. eop6m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price $3,00 a year in advance, $3,50 after three months, and $4,00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

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RESEARCHES OF M. EDWARDS, ON THE NUTRIMENT OF GELATINE.

TRANSLATED FROM THE JOURNAL DE CHIMIE MEDICALE, DE PHARMACIE, ET DE TOXICOLOGIE, FOR JULY LAST.

BY J. CHICKERING, M.D. BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

It is well known that there has of late been a discussion relating to the alimentary properties of Gelatine, in which one of our colleagues (M. Julia Fontenelle) has taken an active part. We here publish the results obtained by M. Edwards.

This physiologist, in order to determine the variations of strength, and whether they were subject to a regular law, endeavored to measure that of the same individual at five different times of the day: at 7 and 11 o'clock, A. M. and at 1, 7, and 11, P. M.

These experiments, repeated on ten successive days, under the most similar, the most ordinary and simple circumstances, gave for the force of the hands, by the dynamometer, the following means:—

At 7, A. M.	67°,7.
" 11, "	72°.
" 1, P. M.	73°.
" 7, "	71°,12.
" 11, "	67°,6.

Thus, from the hour of rising at 7, A. M., up to 1, P. M., the force was increasing; afterwards, it decreased in the interval from that time to 11, P. M. Thus, the course of muscular strength is ascending the first half of the day, and descending the last half. Finally, the least intensity occurs at the two extremes of the day, especially at the commencement.

What produces this effect? Is it the food taken in the morning an hour after rising, which developes the strength during this period? Or, is it the course natural to our animal economy, independently of every foreign exciting cause?

In order to know to which it belongs, the hour of the repast was changed, but in such a manner as not to affect the subject of the experiment. The breakfast, taken as above at 8, was deferred till half past 10. During this interval, we measured by the dynamometer, at 7, 9½, and 10½, the strength of the individual. The mean of these trials showed that during the interval, without taking any food, and without the perceptible action of any exciting cause on the strength, it was progressively increased.

Therefore, when we fast, we experience after rising a progressive development of muscular strength during a great part of the morning, without any exciting cause but the regular play of our organs, and the genial action of external agents, under the free air and the direct rays of the sun.

The influence of food seems, then, to be nothing in this case ; at the same time, as it is certain that this influence exists, in order to show the effects, we must change the process.

The means which M. Edwards resorted to, were to make trial of the dynamometer immediately before the repast, then to repeat it immediately after, and at successive intervals. By this method, having determined the strength at 7, 9½ and 10½, as in the preceding series of experiments, breakfast was taken immediately after ; as soon as that was over, a new trial was made of muscular strength, which was found considerably augmented ; it had increased 7°. The repast in question consisted of a bowl of chocolate and a little bread ; the object was, first, to know if the water which formed a part, would produce the whole or a part of the determined effect.

Thus, under circumstances perfectly similar, and on the next day after the preceding experiments, the same person took simply water in the proportion it entered into the bowl of chocolate, and, after the same space of time (eight minutes), he had recourse to the dynamometer, which, instead of an increase, showed a diminution of 2°. The experiment, repeated on three successive days, gave the same result.

The second element to be appreciated was the sugar, which was tried in connection with the water, but the sweetened water gave also a sensible diminution.

Trial was then made of chocolate sweetened and prepared with the usual quantity of water ; there was now no longer a diminution, but an increase of 3°,7 by the dynamometer. This result was constant during the three days of the experiment. Thus, the only substances in the repast, which were efficient in increasing the strength, were the chocolate and the bread.

The object of the following experiments was to examine, but always by the same analytical process, the effects of gelatine on the variations of the muscular strength. The ordinary broth was first used, but it being customary to take it hot, it became necessary to determine the effects of an elevated temperature ; for, in the preceding experiments, the sweetened water was taken at the temperature of the air.

Six ounces of water was drank at 122° F., the ordinary temperature of taking the broth ; after 8 minutes, as in the preceding experiments, the dynamometer showed a diminution of force of 3°,3 ; there was the same result on three successive days. Thus, the elevation of the temperature, far from increasing the strength, on the contrary diminished it, though water, taken at the common temperature, caused less diminution.

The effect of temperature being thus ascertained, trial was made of broth of a very good quality ; the effect was very great, and, for four days, the sudden increase was from 6 to 8 degrees.

A broth was then made by substituting two ounces of gelatine for the three pounds of meat, which is used for the same quantity of water. This broth is not to be distinguished from the ordinary broth ; taken at the same hour, and under the same circumstances as in the trial of the first kind, it gave, by the dynamometer, an increase of force of 9 degrees—that is, greater by two degrees than in the preceding experiments.

After making these experiments on the same individual, M. Edwards, in order to obtain comparative results, experimented upon 31 soldiers of the 43d regiment. The trial of the dynamometer gave, before breakfast, 79°,87 ; after, 82°,33 ; before dinner, 77°,32 ; after, 82°,16. This trial was repeated on another company of the same regiment, composed of very strong men. The experiments were on 26 grenadiers ; the difference, before and after breakfast, was 4° (3° for those of the centre) ; before and after dinner, 6° (5° for those of the centre).

The strength of the same soldiers of the company of the centre and of that of grenadiers, was tried before and after soup, at breakfast and at dinner.

Increase after soup.

	Company of the centre.	Do. Grenadiers.
At breakfast,	1,42.	3,93.
At dinner,	4,51.	5,35.

The 26 grenadiers all showed an increase of strength after breakfast : of 31 soldiers of the centre, 25 only ; after dinner, 28. In four cases, a diminution of strength was observed after breakfast and after dinner. The author thinks from this, that with strong men there is an increase of strength after every moderate meal, and that the exceptions observed were owing to the subjects being less vigorous. In order to be convinced of this, he experimented on young men of a boarding school ; the mean result was contrary to what he observed in the soldiers. So likewise, in subjects who, by reason of age, present a feebleness in a healthy and sound constitution, there was an immediate diminution of muscular strength after each repast.

This difference between the immediate effects of food on the muscular strength, arising from individual vigor or feebleness, deserves attention. The elevation or depression of strength, which follows the ingestion of food, is, we may say, instantaneous ; it is the effect of the passing contact, and ought to be distinguished from the subsequent effect, arising from the digestion of ingested substances. This operation, commencing immediately after the arrival of the food into the stomach, tends to concentrate in this organ the strength of the individual, and consequently to counter-balance the other effect. Thus, after the ingestion of food, there are two opposite tendencies, and the difference only is recognized by the dynamometer. This difference is less in feeble persons, and more in the vigorous.

If the quantity of food is moderate, the call for strength to the stomach will be less, while for the excitement produced by contact, there will be the same as if the repast had been more copious. Whence we think there may be cases in which, after soup, the development of muscular power will be greater than at the close of dinner ; this happens with many females. This is, adds M. Edwards, one of the greatest advantages of spiced gelatine broth, which, in this respect, is unequalled. These experiments have been repeated at the Hospital of Saint Louis.

At dinner hour, when the repast commences with a soup made with a solution of spiced gelatine with a prescribed portion of meat, a certain number of the sick in the male wards of M. Biett, have been put to three trials of the dynamometer ; one before, another after the soup, and the last at the close of the dinner. The mean result is as follows :—Before gelatine soup, 66° ; after it, 68°.

From similar experiments made on 37 female patients under the care of M. Alibert, the means were :—Before gelatine soup, 45° ; after it, 48°. In the two cases there was, at the end of the repast, a mean augmentation of strength.

"All these results," continues M. Edwards, "show the effect of spiced gelatine broth with meat ; such is prescribed by the author, and such is prepared at Saint Louis."

We should think that the gelatine serves only to give substance to the body, and that the excitation of strength depends solely on the palatable and fragrant qualities of the broth. In order to decide this question, broth was prepared, some with two ounces of spiced gelatine, and some with four ounces. The subject of the first experiments used for three days each of these two kinds of broth. The first gave an increase of strength of 9° ; the second gave one of 11°,34. "Thus," says M. Edwards, "we may say in general terms, that the intensity of the action of gelatine on the muscular strength, tends to increase in the proportion of this substance ; whence it will result, that meat broth, made with two ounces of gelatine and one pound of meat, will act or tend to act more energetically, and for a longer time, on the muscular strength, than the ordinary broth prepared with four pounds of meat."

It ought to be seen by this abstract, that M. Edwards has confirmed the statement of M. Julia Fontenelle in his memoir read in September, 1834, before the Institute, in which he first maintained that good food is to be known less by the weight which the body may acquire, than by the increase of muscular power. This is the fundamental idea in the work of M. Julia Fontenelle, who noted not merely the strength of the hands, but also that of the body. We have thought it proper to make the remark here, because M. Edwards has nowhere mentioned the labors of this last, although they preceded his own by more than eight months.

September, 1835.

CASE OF CORNEITIS, WITH DEEP CENTRAL ULCER OF THE CORNEA.

BY EDWARD J. DAVENPORT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

John Crimnens, aged 2 years, a stout healthy child, was brought by his father, April, 1835, for advice for an inflammation that had existed in the right eye for six weeks. He had employed no medical advice of consequence, and the eye had been constantly getting worse ; and for the last two or three weeks the child has been unable to open the eye at all. Such was the intolerance of light, that some force was necessary to enable me to inspect the eye, so as to ascertain with any degree of certainty the actual state of the organ. Upon inspection, the external tunics were found to be much inflamed ; the inflammation was most intense immediately around the margin or circumference of the cornea, forming there a distinct zone or circle of red vessels. This, it may be observed, is diagnostic of inflammation of the cornea, and also of the internal textures of the eye, and is invariably noticed if the inflammation exists in any great degree. Nearly in the centre of the cornea, and opposite to the pupil, was a deep circular ulcer, with rounded smooth edges, which were elevated and opaque, the centre being semi-transparent. A nebulous opacity surrounded the ulcer and covered nearly the whole of the cornea, obscuring and preventing any examination into the state of the iris or anterior chamber. The edges of the eye-lids were red and excoriated, and beneath the lower lid, and upon the cheek, was an eruption of small red pimples. These appeared subsequent to the ophthalmia, and were probably caused by the almost constant flow of hot acrid tears running over and irritating the cheek. The eye was tearful,* and apparently quite painful. The eruption also added to the irritation.

The father first noticed a redness of the eye, which he attributed to a cold ; but a month before the time of his application, he perceived a white spot upon the sight, and he observed, in answer to the inquiry, that it had not increased much in size, but had lost some of its white or opaque appearance. The little patient soon afterwards became feverish and restless, and had much thirst ; but his appetite was not impaired, and he was allowed to take his usual food.

In the commencement of this case, the disease was no doubt an inflammation of the substance of the cornea with pustule, and may probably be referred to an atmospheric origin. The requisite depletory treatment having been neglected, the pustule or abscess went on increasing, and at last was evacuated by a spontaneous process, leaving the circular deep ulcer which I have described above. The inflammation, and the ulcerative process (which, it should be recollected, is a species or stage of inflammation), continuing unchecked, the ulcer constantly grew deeper, and at the time of the application threatened to perforate the cornea, thus involving the iris and the anterior chamber in its course, and impairing the integrity of the eye-ball itself. The perforating ulcer of the cornea, from the loss of substance that it occasions, as well as from the permanent derangement of the iris to which it inevitably leads, is ever a circumstance much to be dreaded, but more especially when, as in this case, it is situated in the centre of the cornea. Here, in the most favorable result that could be anticipated, it would occasion an indelible opacity (with adhesion of the iris) in the very axis of vision. Fortunately, this lamentable result is comparatively rare ; but a weighty responsibility rests upon the practitioner who is called upon at such a juncture to decide upon the course to be pursued.

The first step or indication obviously is to reduce the inflammation which is going on to the destruction of the cornea ; the second is to induce a healing action in the ulcer of the cornea ; and the third, to diminish as far as possible the opacity of the cornea (i. e. the opacity or albugo that will remain when the ulcer has healed up), the necessary result of the deposition of coagulable lymph thrown out by nature for the purpose of healing up the breach.

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* The discharge consists of tears, and not of mucus or purulent mucus.

The patient was directed to have immediately two leeches applied to the right temple, and the same to be repeated upon the next day. The following powder to be administered at bedtime :—

R. Hydrargyri Submuriatis, gr. iv.
Rhei pulveris, gr. x. Misce.

A moderate dose of the infusion of senna with manna as an adjunct, was directed to be given the succeeding morning. The diet was to be restricted to bread and milk, and limited in quantity. Thick bandages over the eye were prohibited, but it was recommended to protect the eye with a light shade, the apartment being darkened. The eye to be bathed with tepid milk and water.

3d day.—The aspect of the eye was materially changed for the better ; the inflammation and the intolerance of light were much diminished. The powder had acted both as an emetic and cathartic, and the leeches had bled freely. The lids being separated, the surface of the ulcer was lightly touched with a camel's hair pencil, dipped in a saturated solution of the nitrate of silver, and a few drops of a collyrium, of six or eight grains of the same dissolved in an ounce of distilled water, were directed to be dropped into the eye once in each day. One leech to the temple, to be repeated if necessary. At this visit the child was laboring under a smart attack of bronchitis.

He was not seen again for two weeks ; during which time two or three leeches had been applied, and he had taken cathartic medicine. Now the general inflammation of the eye is much diminished ; the ciliary zone is, however, still injected, particularly at the inferior margin of the cornea ; the ulcer has diminished in extent and depth about one half, and is healing by granulation. The nebulous opacity hitherto surrounding it, has nearly disappeared ; the pupil now, clearly visible, is found to be less in diameter than that of the opposite or sound eye, and to have assumed an irregular shape, somewhat resembling the form of a double-headed shot ; the iris is of a darker color than natural. This irregularity in the margin of the pupil and change of color of the iris, plainly denote the degree of inflammation to which that membrane had been subjected, and may serve as an example to point out the danger of the extension of inflammation (not by the influence of sympathy, probably, but rather by a process or mode of continuation of similar action or disease, called by Hunter *continuous inflammation*, depending upon the close connection or contiguity of the different textures), from the external to the internal textures of the eye in severe inflammations of this organ. This extension of inflammation from the external to the internal or deep-seated textures is an important consideration, which it seems to me is too often overlooked in treating diseases of the eye. It forms one of the points of danger in the Egyptian or purulent ophthalmia, especially if the disease should be of long standing or chronic.

But to return to the case which forms the subject of these remarks ; the surface of the ulcer was again touched with the nitrate of silver solution, and another application of leeches was directed. The child was to take every night at bed-time, one of the following powders, and an occasional laxative (to remove sources of irritation and to prevent the constipating effects of the opium) in the morning.

R. Hydrargyri Submuriatis, gr. ij.
Opii et Ipecacuanha pulveris, gr. iv.
Sacchari Albi, gr. x.
Misce : in chart. No. iv. dividend.

July 5th, two months after first application.—The parents of the child, living in the country, had not presented him again for advice until this day. The eye is now entirely free from inflammation, and bears the light equally as well as the other eye. The ulcer of the cornea had cicatrized some time since ; the cicatrix presenting a circular milk white and dense opacity, the rest of the cornea being perfectly transparent. This opacity is evidently of that form designated by the term leucoma. Of this not uncommon species of opacity of the cornea, Mackenzie observes—" a loss of substance in the cornea by ulceration, and a partial filling up of that loss by granulation, always precedes the formation of leucoma." For the purpose of hastening the absorption of the opaque deposition in this case, a collyrium of sulphate of zinc, in distilled water, was recommended to be dropped into the eye daily.

The prognosis in cases of opacities of the cornea in children, unless complicated with adhesions of the iris, is uniformly favorable, owing to " a natural tendency to disperse, as soon as the disease upon which they depend begins to subside." A knowledge of this fact, or *law of nature*, should prevent a recourse to any operation upon the opacity itself, under the vulgar and absurd belief that they may be " cut off" by the knife, or " eaten off" by escharotics ; and should also tend to repress the injudicious application of empirical collyria, which are invariably of a highly stimulating character, which may do much harm when used, as they frequently are, before the *cause* of the opacity is subdued.

Boston, *September*, 1835.

CONSTITUTIONAL EFFECTS FROM LOCAL INJURY.

[Communicated for the Boston Medical and Surgical Journal.]

Aug. 26th, J. H., a revolutionary pensioner, aged 78, of robust constitution and general good health, was thrown, by a sudden movement of the horse, out of a waggon in which he sat, with a child on his knees. In the effort to save it from injury, he fell heavily, and a second movement of the animal passed the wheel over a portion of his abdomen as he lay. On being assisted to rise, he was unable to rest the slightest weight on the right limb, and was conveyed to bed.

On the 27th, twenty hours after the accident, I was called to see him in consultation, and found the following appearances and symptoms offering themselves. There was no perceptible shortening of the right limb, but the foot and knee were a little everted. No external mark of injury on the ilium of that side, but there was swelling and much pain on pressure at the trochanter major, aggravated by any attempt at flexion on the trunk or abduction ; adduction, however, could be performed without much increase of suffering. The skin was pungently hot ; tongue dry and brown, but without much coating. There had been obstruction of the bowels since the accident; and it was stated that, ten hours after, vomiting had set in, which continued unremittingly every few minutes. The fluid thrown off resembled dark coffee grounds, and its ejection was peculiarly characteristic of that accompanying membranary inflammation of some of the collatitious viscera, namely, the gulping of mouthfuls from the stomach, which were spirted out with much force. The abdomen was tumid, and pressure, however light, over any part of its surface, produced pain. Before the act of vomiting, much distress was complained of in a line crossing the centre of the epigastric region and the site of the gall-bladder; there was not, however, any evidence of external injury. The functions of the brain were undisturbed; the pulse 112 in a minute, and giving a feeling as if a rod of lead struck the finger.

The diagnosis I drew from these data was, that no doubt existed of fracture of the neck of the femur, but that the intensity of the constitutional symptoms did not seem to be justified by it, as far as I could judge by the examination; that these were more likely to have arisen from injury received by the fall, with a full stomach, or the passage of the wheel over the abdomen; and that, while every attention should be paid to the local injury, it ought to be particularly directed (as far as consistent with the age, &c. of the patient), to the subdual of the diseased action which seemed going on in the abdominal cavity. With this view the gentleman who met me conceded.

The limb was placed in an easy position, bandaged, and six leeches applied to the ilium, followed by fomentations. Sixteen ounces of blood were taken from the arm, without any marked effect being produced on the general system, and a pill administered, consisting of S. M. Hyd. gr. vi.; Pulv. Opii gr. ss. M.

28th, A. M.—The vomiting has ceased since the bleeding of last night, which is sizy and much cupped; the bowels have been moved once; the skin is moist, its temperature decreased, and the patient has had some rest. Sumat haust. effervescing. pro re nata, with fluid nourishment, and continue fomentations.

2, P. M. was called suddenly in consequence of a return of the vomiting. Abdomen tumid; pulse 120, compressible, in other respects as before. Cupping to the abdomen, to the extent of six ounces; blisters to the inside of the thighs; sumat S. M. Hyd. gr. ij.; Pulv. Camphor. gr. i.; Pulv. Opii gr. 1-4. M. tert. hor.

29th, A. M.—During the application of the cupping glasses, and for two hours afterwards, the vomiting ceased, but then recommenced, and has since continued, everything being rejected almost as soon as taken. There is occasional hiccoughing; pulse 100, soft, and intermitting. Cont. pil.; dry cupping to the abdomen; sinapisms to the feet.

On my visit at night, I found that as long as the application of the glasses could be borne, the vomiting was checked; when they were removed, it recommenced. The bowels had been moved a second time; the abdomen had lost its tumid appearance. He was now with cold extremities, evidently fast sinking, and died at 10, P. M.

The temporary relief, only, which was afforded by the means used, the absence of tumefaction towards the close, and the rapidity with which the case terminated, led me to suspect serious structural lesion as the remote cause of death. I therefore requested permission to examine the body, which was granted.

The integuments of the abdomen were loaded with fat, and the body exhibited muscular development uncommon at such an age. There was no effusion into the peritoneum, nor did its surfaces present any traces of inflammation. The stomach contained about two ounces of a dark-colored mucus, as if mixed with powdered carbon. Its orifices and surface were natural, save at the commencement of the great curvature, where a diameter of two and a half inches was dotted with effusion of blood of a light-red color. There was much distension of the vessels of the upper third of the jejunum and of the lower third of the ileon ; the vessels of the colon (which was of unusual length) were also enlarged, but there was no trace throughout of active inflammation. The liver was engorged with contained fluids, and the gall-bladder, swollen almost to bursting, contained from five to six ounces of bile, similar in appearance to the fluid first ejected, but more inspissated. The other abdominal and pelvic viscera were normal.

The cellular tissue over the local injury was much injected with blood, and on cutting through the fibres of the glutei muscles, a quantity of synovia, mixed with blood, was poured out. On dissecting away their attachments to the trochanter, and passing the finger upon the neck of the femur, it was found fractured, its anterior face being attached to the trochanter, while the posterior and head of the bone were separated into three portions ; the capsular ligament was extensively lacerated, and the upper part of the acetabulum offered a fissure to the finger, leaving no doubt of fracture of the ilium. There was no evidence of active inflammation about the parts. A more minute dissection could not be had.

We have here severe local injury producing constitutional effects, similar in their character to general abdominal inflammation, while scarce a trace of morbid action is shown on examination after death. All the symptoms seem to have been the result of a sympathy of surfaces, if I may be allowed the expression. It would seem that when the vessels and nerves of any particular part are so injured as to be of themselves incapable of undertaking a remedial process, a diseased action is taken up by the nearest predisposed analogous structure ; the fracture of the ilium, neck and head of the femur, and the consequent extensive laceration of the serous membrane of the joint, producing functional disorder of those organs enveloped by that of the abdomen, which was kept up until death closed the scene—the exciting cause being beyond the power either of nature or art. E. E. D.

Northampton, Sept. 1, 1835.

CASE OF PURULENT OR GONORRHŒAL OPHTHALMIA.

[Communicated for the Boston Medical and Surgical Journal.]

March 3d, 1835, I was called to A. B. by his friends, who represented to me that one of the eyeballs of the patient had burst open. Upon my arrival, I found it actually the case. The eyeball was collapsed and sunken in the orbit, with an aperture as large as a common pupil, immediately on the lower edge or margin of the pupil. The lids were still much swollen, and there was a considerable discharge of purulent matter from the membrana conjunctiva. Under these circumstances, I found I could do but little for the ophthalmia, as it was too late ; the fate of the eye was already unalterably fixed, and the prospect gloomy indeed of any sight remaining. Upon a careful examination of the patient, I found he was laboring under a virulent gonorrhœa, and had been under the treatment of a Thomsonian or steam *doctor* for both diseases. He was promised speedy and sure relief by the steamer, and that his eye was getting better and would soon be well. These promises were repeated and urged upon the patient until within a few hours of the sad catastrophe, the bursting of the eyeball, which so alarmed the patient as to induce him to send for me.

I prescribed the ordinary remedies for gonorrhœa, and with success in the ordinary time. Some local remedies were applied to the eye with benefit. The patient is now well, and can see a little, but very indistinctly, out of the affected eye.

I am clearly of opinion that this was a case of gonorrhœal ophthalmia, and that some of the infectious matter from the urethra was applied to the conjunctiva, as the young man was a person of filthy habits. I mentioned this case, in conversation with a neighboring practitioner, who concurred with me in opinion, and related a case which he had seen. A young man was laboring under slight ophthalmia, with gonorrhœa at the same time. He was advised by some empiric to wash his eyes with his urine. He did so, and violent purulent ophthalmia ensued, which destroyed the sight of both his eyes.

I make the above remarks with the view only of calling the attention of the profession to the subject of gonorrhœal ophthalmia, a disease of more frequent occurrence, perhaps, than is generally imagined. I once attended a child, only a few days old, with a violent purulent ophthalmia. One of its eyes swelled much, protruded from the orbit, and burst. The child died soon afterwards. The mother was strongly suspected of gonorrhœa. GAMMA.

August 18, 1835.

EFFECT OF ALCOHOL UPON THE LIVER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In a recent No. of the Journal I noticed some remarks on that important fact in medico-legal investigation—the preservative power of arsenic on the membranes of the stomach and bowels. It called to mind a case (how far it may be considered an analogous one, I am not prepared to say) of remarkable preservation of the liver in an intemperate subject. The facts I have from an eye witness, Colonel W., a gentleman of that intelligence and close observation which render the facts unquestionable.

Mr. B., upwards of sixty years of age, and habitually intemperate, was attacked with the spotted fever, so called, at the time of its dreadful prevalence in our Northern States some twenty years since. He survived this attack, but in about six months died of phthisis pulmonalis, and was buried in the usual manner in the cemetery of the Episcopal church in F., and stones erected.

During the year 1833, Colonel W., with several of his neighbors, disinterred this body (with several other bodies), and removed it to another part of the ground, in order to make a site for a building for the use of the church. Nothing unusual was observed in these mouldered remains, except in those of the body of Mr. B., and here the liver formed a striking exception. While every other part of the body was in that state of decay which would naturally be expected from the long time that had elapsed, the liver remained not only entire, but (to use my informant's own words) when cut into, looked like the liver of a hog.

In reference to this case, a question arises—Does the habitual use of alcoholic liquor, as a drink, have such an effect on the liver? Will the pages of the Journal touch upon this subject by way of elucidation?

Oswego Co. N. Y. Sept. 1835. INQUIRER.

REMEDY FOR RINGWORM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I, too, would throw in my mite in answer to "an inquiry concerning the method of cure in ringworm." I will join with your correspondent W. W. and say that I also like such inquiries, because "replies to them *may* have a tendency to relieve humanity of a thousand ills." I have lately witnessed the cure of a ringworm, situated near the canthus of the eye, by the application of Apple Brandy, or, as it is generally called in New England, Cider Brandy, saturated *fully* with camphor. Corrosive sublimate (4 gr.), associated with the yolk of an egg, has effected a cure; and so has the nitric acid ointment, and spirits of turpentine. But so long as the pathology of this herpetic complaint is so imperfectly understood, how can we propose any method of cure that will be *radical* in every instance, or that deserves to be called an *universal remedy*? For the purpose of eliciting remarks upon this subject, I would propose the following queries:—Does ringworm arise in any degree from the state of the circulation? Is it owing to obstruction in the capillaries of the skin? Why does it assume an annular shape? In fine, is it a self-limited disorder of the capillaries? H. F.

Longwood, Va. Sept. 13, 1835.

COMPOUND EXTRACT OF SARSAPARILLA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—A subscriber wishes to inquire, through the medium of your Journal, what the composition of Mander, Weaver & Co.'s *Compound* Extract of Sarsaparilla is, and what the formula of its preparation. The reason for these inquiries is, that the sensible and medicinal properties and effects are nearly as various as the different parcels of the article—being neither uniform in properties nor power.

Cannot this article be prepared in this country, in such a manner that physicians may safely depend upon its uniform strength? I hope some of the apothecaries in Boston will furnish it in a solid form, that will uniformly possess all the medicinal properties, without any foreign admixture.

Kennebunk, *Me. September*, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, SEPTEMBER 23, 1835.

GOOD'S STUDY OF MEDICINE.*

When we commenced an examination of this new and greatly improved sixth American edition of the late Dr. Good's Study of Medicine, it was with a view to pointing out its particular excellences; but the voluminousness of the original text, to which Dr. Doane has added a vast number of practical notes, renders it almost impossible to present our readers a regularly constructed review, within the boundaries to which we are necessarily circumscribed. The value of this indestructible monument of the author's industry, learning, and acute discrimination, no one will presume to question: few men have exhibited the tangible evidences of such a vast amount of important information, or been more laborious and indefatigable, than Dr. John Mason Good, whose death left a void in medicine and philosophy, which no rising genius in England has since been able to fill. From the papers which he left, and which were intended to have been incorporated with what had been already given to the world, Dr. Samuel Cooper, of London, a name familiarly known in the annals of surgery, produced a book of rare worth to the profession. This was the basis of the volumes under consideration. The American editor has departed from the common method in this country, of citing authorities. Instead of making draughts on the opinions of men in Europe, exclusively, and therefore almost unknown to us on this side of the Atlantic, Dr. Doane makes constant reference to the reports and experience of physicians in the United States. This gives it the right character—and upon this circumstance, more than any other, will the success of the edition depend.

It is really gratifying to observe that native authors are beginning to look into the pages of Medical Journals for references. No one can produce an acceptable treatise on therapeutics, or better the condition of those of transatlantic origin, without constant reliance on the treasures contained in our medical periodicals. Dr. Doane has drawn copiously from them, and at the same time has had the justice to give ample credit where it was due.

Prefatory to the main body of matter, is inserted a history of medicine, from its origin to the commencement of the nineteenth century, by J. Bostock, M.D. F.R.S. on which the mead of praise has long since been bestowed. By its union with the present edition of Dr. Good, there is a complete embodying of all that pertains to the science, in an elegant, compact and convenient form.

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* The Study of Medicine. By John Mason Good, M.D. &c. Improved by Samuel Cooper, Professor of Surgery in the University of London, &c. With Notes, by A. Sidney Doane, A.M. M.D. In two Volumes. New York: published by Harper & Brothers. 1835.

With regard to typographical execution, we have rarely seen a better specimen. If the Harpers, who seem to be turning their attention to medical books, are always as careful to consult the expectations of the profession in respect to the quality of materials and price, they may reasonably calculate upon becoming as distinguished in this line of publication, as they already are in general literature.

Having been very favorably impressed, after a thorough investigation of the pages to which these remarks apply, we can cheerfully recommend this valuable edition to the respectful notice and patronage of our friends.

NEW HYDROSTATIC BED.

Mr. Israel Martin, who has heretofore had honorable mention in this Journal for his ingenious contrivances for meliorating the condition of invalids, has invented an improved hydrostatic bed, far superior to any we have seen. The India rubber sack is tacked upon a light frame, which may be laid on a common sacken bedstead or hospital bed, filled with water, a solution of salt in water (brine)—or spirit, as some physicians in this region prefer. This invention is certainly particularly worthy the attention of surgeons and hospital practitioners. The cost of the article is from sixteen to twenty dollars, according to size and workmanship.

CASE OF LIMOSIS EXPERS.

The last No. of the N. A. Archives contains an interesting case of abstinence from food, in the person of a young lady aged 21, who has been affected with chlorosis since the age of puberty. Together with the other usual symptoms of this disease, the patient has been afflicted with an extreme irritability of the stomach, which caused every article of food she attempted to take, to be ejected before it reached the cardiac orifice, accompanied with much watery fluid. The endermic use of the sulphate of morphine over the epigastric region, gave relief so far that the stomach could retain medicines. By the use of a preparation of mercury, the obstinate constipation was relieved, and the secretions were restored, which state of things continued for several weeks. The spinal irritation, which had also been present, was removed by the ung. canthar. and ung. antim. tart. and hopes were entertained that in the observance of dietetic rules, and the enjoyment of pure country air and exercise, health would speedily be restored. The digestive powers were never, however, more than partially re-established. A mercurial impression on the system has been several times required, as it is only at the periods immediately succeeding ptyalism, that her stomach, during the last two years, has been able to retain solid food. Medicines were generally retained, but solids and fluids as generally rejected. "Great uneasiness, and frequently excruciating agony, followed the introduction of all ingesta save what was purely liquid." She has been a stranger to the sensation of hunger during the time mentioned, and nothing but urgent solicitation has induced her, sometimes during eight or ten weeks, to swallow anything but tea sweetened with sugar ; and yet the fluid ejected from her stomach has very frequently exceeded in quantity that taken. Occasionally the stomach regains, for a time, its healthful function, so that she can partake of fruits, and even radishes and cucumbers, with impunity. During all this suffering, it has only been at short intervals that the patient has been confined to her bed. She is now capable of walking a considerable distance and attending to domestic avocations, and even the apparent glow of health often animates her countenance.

On interrogating particularly the intelligent parents of the young lady, Dr. F. ascertained, 1st, that 28 months have elapsed since the habit of fasting was first contracted. 2d, that nine or ten weeks is the longest period that has passed in which nothing was taken but tea and water; six or seven weeks, frequently;—and that during the last two years, she has not eaten more than half a pound of animal food, nor more than a baker's common-sized loaf of bread—tea, sweetened with sugar, having been her principal nourishment. 3d, that as pure water does not agree with her stomach, she has seldom made use of it. 4th, that very often a single cup of tea, and this too rejected instantaneously, would constitute her daily allowance for a succession of days. It is also stated that for many months of this time, she scarcely slept two hours out of every twenty-four. The different kinds of imported tea, as well as various indigenous kinds, particularly the flowers of sassafras, have been used. Coffee, chocolate, or porter, were instantly rejected.

Dr. F. has collected many interesting cases of long-continued fasting, which he has appended to the above, and which we may hereafter transfer to our pages.

MEDICAL GRADUATES IN HARVARD UNIVERSITY IN 1835.

Andrew Alexander—*On Asphyxia.*
Francis Clarke—*On the Blood.*
John James De Wolf, A.B.—*On Phthisis Pulmonalis.*
Joseph Farnum, Jr. A.B.—*On the Numerical System of Louis.*
John Lawrence Fox, A.B.—*On Intermittent Fever.*
Lewis Joseph Glover, A.M.—*On Smallpox.*
John Hathaway Gushee—*On Hydrothorax.*
Estes Howe, A.M.—*On Pleurisy.*
William Pitkin Huntington, A.B.—*On the Moral Aspects of Medicine.*
Solomon Keep—*On Continued Fever.*
Ezekiel Walter Leach, A.B.—*On the Influence of Climate on Man.*
Stephen Augustus Paine, A.M.—*On the Ear.*
Stephen Salisbury, A.M.—*On Erysipelas.*
George Cheyne Shattuck, A.M.—*On the Nerves of the Thorax and Abdomen.*
Albert Thorndike Smith—*On Gangrene.*
Charles Talbot—*On Croup.*
John Howe Trowbridge—*On Apoplexy.*
Warren Jacob Whitney, A.B.—*On Hydrocephalus.*
James Wilde, A.B.—*On Diseases of the Hepatic System.*

Native Medicinal Leech.—It has been announced in the papers that Dr. Finlayson, of Glengary, U. C. avers that the true medicinal leech has been found in the brooks of that province, and that he has tested their quality. If the doctor really believes this, he could not do us a greater favor than to forward specimens to our address, in order that they may be presented to a committee of the Massachusetts Medical Society, now making researches upon the subject of the propagation of the leech in this country.

Death from an Over Dose of Medicine.—In these anti-mercurial days, the following notice, taken from one of the daily prints, will naturally excite some attention. We are curious to learn what may be considered the exact proportion of the drugs referred to, so as to ensure "the counteracting influence of *the cathartic.*" Will any *medical* gentleman, who may be acquainted with the particular circumstances of the case, favor us with farther information?

"Died, on the 5th inst. in Barnstable, Mr. Francis A. Davis, aged 23. This estimable young man's death was occasioned by taking a large powder of calomel and jalap, in which the proportion of the former was too great for the counteracting influence of the cathartic. The powder, with other medicines, was prepared for Mr. D. by a druggist in New York, previous to his sailing from that city on a voyage to Europe, more than a year since, and was taken by him early on Friday morning, without the advice of a physician, he having been somewhat unwell for a few days previous. After suffering severely for about twenty-four hours, death ensued."

Specific for Ringworm.—On the authority of an eminent practitioner, the following remedy for ringworm has been given. Moisten the diseased surface frequently with the common cranberry juice, and it is said the disease is very speedily overcome. If, in the sequel, this simple application is found really a specific, the discoverer is deserving a gold medal.

Conviction of Prescott.—In the 23d No. of the 11th Vol. of the Journal, an abstract was given of the medical evidence on the trial of Abraham Prescott, of Pembroke, N. H. for the murder of Mrs. Cochran. It will be recollected that the verdict of "guilty" was set aside by the Court, and a new trial granted. This trial has just terminated, and the prisoner again pronounced guilty. Our friends from the Worcester, Pepperell and Charlestown asylums were again called upon, and their evidence on the subject of insanity is spoken of as being interesting and important.

Smallpox in the Indian Archipelago.—In the journal of Mess. Munson and Lyman, whose lives were wantonly sacrificed the last season by savages, they record the melancholy ravages of the smallpox among those distant islands. When first taken, the natives drink a decoction of a cooling plant, till the pustules make their appearance. The patient then bathes in cold water, frequently, for three days. If this does not mitigate the intensity of the patient's suffering, they then make a sacrifice to Satan. No mention is made of vaccination, which is probably unknown to the poor and destitute sufferers.

To Correspondents.—The Communication on the Remedial Powers of the Ceanothus Americanus will have an early insertion.

Died—At Wallingford, Ct. Dr. Amos G. Hull, inventor of the Patent Hinge Truss, aged 60.—In Maryland, Dr. Hyde Ray, surgeon U. S. Navy.

Whole number of deaths in Boston for the week ending Sept. 19, 40. Males, 23—Females, 17.

Of hooping cough, 2—lung fever, 1—hanged, 1—cholera infantum, 2—palsy, 1—infantile, 1—canker of the bowels, 1—inflammation of the bowels, 1—bilious fever, 1—typhous fever, 4—dysentery, 4—convulsions, 1—child-bed, 2—intemperance, 2—cholera morbus. 1—measles, 5—consumption, 3—scrofula, 1—smallpox, 1—suicide, 1—accidental, 1—apoplexy, 1—teething, 1.

A STAND FOR A PHYSICIAN.

A PHYSICIAN in the State of Maine, in a pleasantly situated, small, flourishing village, about 25 miles from Portland, wishes to dispose of his stand. Being a very eligible stand, and affording abundant practice, it offers a good opportunity for a physician to establish himself. For further particulars, apply to the Editor of the Journal; if by mail, post-paid. Sept 23—3m

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MEDICAL SCHOOL IN BOSTON.

THE MEDICAL FACULTY of Harvard University announce to the public, that the Lectures will begin on the first Wednesday in Novem., and continue thirteen weeks, after which time the regular course will be considered as terminated. But for the following four weeks, the Hospital and the Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may choose to remain.

The following Courses of Lectures will be delivered to the class of the ensuing season:

			Fees
Anatomy, and the Operations of Surgery,	by	JOHN C. WARREN, M.D.	$15
Chemistry,	"	JOHN W. WEBSTER, M.D.	15
Midwifery and Medical Jurisprudence,	"	WALTER CHANNING, M.D.	10
Materia Medica,	"	JACOB BIGELOW, M.D.	10
Principles of Surgery and Clinical Surgery,	"	GEORGE HAYWARD, M.D.	10
Theory and Practice of Physic, and Clinical Medicine,	"	JAMES JACKSON, M.D. and JOHN WARE, M D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing. While the violation of sepulchres is prevented, it is anticipated that an ample supply of subjects for the wants of science, will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to Students attending the Lectures of the physicians and surgeons. This Institution contains about sixty beds, which are, most of the time, occupied by patients who are subjects partly of medical, and partly of surgical treatment. Clinical Lectures are given several times in each week, and surgical operations are frequent. The number of surgical operations during the last five years has averaged about seventy in each year.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, June 12, 1835. June 24—tN1. WALTER CHANNING, *Dean.*

VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar.* Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

Boston, March 4, 1834.

MEDICAL INSTITUTION OF YALE COLLEGE.

THE annual Course of Lectures in this Institution will commence on Thursday, Nov. 5, 1835, and will continue seventeen weeks. There are at least five lectures daily throughout the term, and a part of the time six. The several branches are taught as follows, viz.:

Principles and Practice of Surgery, by THOMAS HUBBARD, M.D.
Theory and Practice of Medicine, by ELI IVES, M.D.
Chemistry and Pharmacy, by B. SILLIMAN, M.D.
Materia Medica and Therapeutics, by WILLIAM TULLY, M.D.
Anatomy and Physiology, by J. KNIGHT, M.D.
Obstetrics, by TIMOTHY P. BEERS, M.D.

The fee for each of the first five branches is $12,50, and for the last $6,00, which, together with a matriculation fee of $5,00 and a contingent bill of $2,50, are to be paid in advance. The graduation fee is $15.

Since the last term, extensive alterations have been made in the College buildings;—those parts of it especially which are appropriated to anatomical purposes, have been made more extensive and commodious, and every facility will be afforded to those who wish to pursue the study of anatomy.

The price of board, lodging, &c. in New Haven, is from $2 to $3 a week, and other necessary articles in proportion. (Sept. 3—ep6w.)

PHILOSOPHICAL AND ASTRONOMICAL APPARATUS.

N. B. CHAMBERLAIN, No. 9 School St. Boston, manufactures Philosophical, Astronomical, Pneumatic, Hydrostatic, and Electrical Apparatus, Mechanical Powers, &c. of beautiful workmanship, designed for Lecture Rooms and public instruction in Schools, Academies and Colleges. Portable models of the Steam Engine, put in motion by a spirit lamp, afforded at a very reasonable rate, can be obtained at any time, by addressing the advertiser by mail.

Boston, February 4, 1835. eptf.

JOHN S. BARTLETT, M.D. M.M.S.S., late of Marblehead, has removed to this city, and may be found at the house of Thomas Murphy, Esq. No. 22 Atkinson Street.

Boston, August 12, 1835. tf.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid.* J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price $3,00 a year in advance, $3,50 after three months, and $4,00 if not paid within the year.—Every seventh copy, *gratis.*—Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XIII.] Wednesday, September 30, 1835. [NO. 8.

THE CRUSTA GENU EQUINÆ IN EPILEPSY.

ON THE CRUSTA GENU EQUINÆ (SWEAT OR KNEE SCAB, MOCK OR ENCIRCLED HOOF KNEES, HANGERS, DEW CLAWS, NIGHT EYES, OR HORSE CRUST), IN EPILEPSY.

BY JOHN P. METTAUER, M.D. OF PRINCE EDWARD CO., VA.

In communicating to the medical public our experience with a new medicinal agent, the wish to abridge human suffering in a most afflictive disease, and not to swell the catalogue of remedies, already too extensive, has been the governing motive.

We do not appear before our brethren as *innovators*, but as fellow laborers; tendering to the common stock the fruits of our little experience with an article, which, although confessedly new to most of the profession, has, nevertheless, been long and familiarly known to us.

The grounds upon which this new agent rests, for at least a favorable consideration of its claims upon the profession are, its successful employment in the cure of some forty or fifty well-marked cases of epilepsy.

The substance designated by the several appellations at the head of this article, is furnished by the horse; four oval secreting surfaces, situated on the inner aspects of the extremities, near the knees, are the parts of the animal from which it is obtained. The secretion is poured out so gradually, and in such small quantities at a time, as not to be observed in its fluid, or even semi-fluid states. The crust is of variable color, as well as density; its exterior is always of a lighter appearance, and harder than the interior, which is dark and soft; it is of a lamellated and fibrous texture, and when broken, resembles dark, soft horn; its odor is very penetrating, diffusible, and peculiar; it is deciduous, and separates gradually two or three times during the year; when prematurely or forcibly removed, the surface from which it is taken sometimes bleeds a little, inflames, and becomes tender and sore.

Our investigations in relation to the peculiar function of the surfaces, or the offices they subserve in the economy of the animals themselves, do not enable us to say much, if anything on this subject. Nothing certain seems yet to have been ascertained as to their uses. Conjecture and an extremely vague and loose tradition, afford the only explanations. The surfaces have been supposed to separate and eliminate from the system, a fluid possessing many of the constituents of sweat, and loaded besides with properties peculiar to itself, which, if detained, deteriorates the health of the animal. The constant and regular discharge of this fluid has been thought necessary for the perfect health of the animal, in promoting a sound state, more especially of the extremities, after-heels, hoofs, and legs, all of which have been supposed to become diseased in some way by obstructions of the surfaces.

Emunctories, somewhat similar, exist on the inner surfaces of the extremities of the swine, near the knees, which, if long obstructed, generally result in lameness and dragging of the posterior extremities; a secretion is continually distilling from them, which, like the crust of the horse, displays the peculiar odor or scent of the animal, more particularly observable when surprised or irritated.

As a *medicinal agent*, the crust has been long known in this part of the country. How it found its way into use as a remedy, is not certainly ascertained. It is conjectured that the coincidence of the horse being observed to bite the crust, and to pass worms from the bowels soon after, suggested it as such, and the conjecture is by no means improbable, when it is remembered that this article was first employed as a vermifuge with that animal. The fœtid odor of the crust, it would seem, might naturally have suggested the idea of its possessing remediate powers, and doubtless did indicate it as a nervine and antispasmodic, after it was supposed to possess vermifuge properties.

We have long known and employed this substance as an antispasmodic; but the merit of introducing it into regular practice, is due to Dr. Joseph Mettauer (the writer's father), who employed it in epilepsy so early as 1782 or 1783. During the last twenty-five years we have enjoyed many and satisfactory opportunities of using the crust as a remedy in epileptic convulsions.

In collecting the crust for medical purposes, it is necessary to attend carefully to its loosening tendency from time to time, or it may fall off and be lost. It may be made to separate a little sooner by gently soliciting, and occasionally by firm compression with a bandage. This should be suffered to remain on after the period of desquamation is near at hand, to prevent the accidental loss of the crust. After it is obtained, it should always be dried a short time in the shade, and then it may be kept for use in a close jar, to prevent, so far as possible, the escape of its volatile properties.

We have to regret our inability to furnish a correct, or even a tolerably satisfactory chemical analysis of the crust; from what has been ascertained, the urate of soda seems to be one of its principal constituents; we are inclined to believe that ammonia, in combination with perhaps the lithic acid, may also enter into its composition, from the peculiar compound odor which it often exhales, much resembling that emitted by common urine after standing some time.

Two forms for administration are only used—the powder and tincture. When the powder is to be used, it should always be freshly prepared, either by pounding and rubbing the dry crust in a mortar, or by grating it with a common nutmeg grater; this last process will be found (generally) most convenient, as it enables the practitioner to reduce it, at once, to a very fine and equable powder, even if the crust is imperfectly dried.

The tincture is prepared by simply digesting the broken or powdered crust in diluted alcohol, or common brandy, exposed to a gentle heat for eight or ten days, in the proportions of one part of the former to four of the latter.

The doses of the powder vary from two to twenty grains ; it may be given diffused in any liquid which the patient fancies. With young patients it is safest to begin with the minimum, and increase very gradually to the maximum doses. Should the disease yield before the largest doses are reached, no further augmentation need be made. When the tincture is employed, from ʒss. to ℥iss. are its extreme doses. Diluted with water and sugared, it may be given with very little difficulty to the youngest subjects, as it is tasteless, and in a great measure inodorous. In this form, also, the doses should be very gradually increased, to prevent, as far as possible, the danger of exciting the system too much, which might result from the menstruum, should the doses be suddenly augmented.

Possessing properties perfectly analogous to the crust, and employed with the same intention, and in nearly similar doses and forms, we will mention the parings of the hoof. In some cases it has been thought more efficacious than the crust itself. We have used it frequently in the form of tincture in the proportions of one part hoof to two of spirits, with complete success. A favorable result from the use of this remedy (which we had prescribed in a case of epilepsy), has been communicated to us since commencing this essay. Extreme doses, ʒj. to ℥ij.

The administration of the crust should always be preceded by a purgative or aperient. This step is designed to prepare the system for the action of the remedy, which it effects by unloading the intestines of vitiated secretions ; increasing at the same time the nervous susceptibility of their mucous membranes to remediate impressions, and by determining from the head.

Aperients, or the milder purgatives, should be employed, and generally preferred in those cases of epilepsy distinguished by slight aberrations in the animal economy ; in such examples the pulse, bowels, and skin are very nearly in the condition of healthy organs ; the paroxysms are short and transitory, succeeded by little or no coma, or even drowsiness. In cases marked by symptoms of greater violence, in which a decided inflammatory or congestive character predominates, cathartics should be used ; to be varied in activity and strength, in proportion as the symptoms partake more or less of acute characters ; these are to be repeated until a decided impression is made. Cases of this latter description sometimes require V. S. also, and when this remedy is employed, blood should be always detracted from one or both of the external jugulars, if possible. Occasionally mercurials alone, or in combination with antimonials, are required.

In the first description, or milder cases of epilepsy, some preparations of rhubarb, or rhubarb itself, should be preferred. In the more violent cases, a combination of aloes, scammony, and jalap, has generally been found most suitable ; of each from two to five grains. Calomel with tart. antim. may be added, should the biliary secretion prove very defective, in proportions of two to four grains of the former, and one-fifth to one-third of a grain of the latter. These are to be repeated daily, or once in two days, until the circulation is balanced, the encephalic congestions in a measure dislodged, and the sympathies restored. These preparatory steps having been premised, the crust may be commenced with.

The form or preparation is to be determined by the peculiarities of constitutions, or the complications which modify the disease. Should the case occur in a constitution displaying a highly wrought sanguineous development, the crust in simple powder will be most applicable, and should be preferred.

It will be safest to begin with the remedy at night, and as soon after the disturbances of the preceding paroxysms have subsided as possible. When given at night for the first time, it is more certainly retained by the stomach, and patients, too, are less averse at this period of the day to the taking of an offensive remedy, very probably because the gastric organ is rendered less fastidious by the action of food and drinks upon it during the day.

With young subjects from six to eight years of age, two grains will, in a majority of cases, constitute the commencing dose. We have never used it with patients younger than six years, or older than thirty. Older patients, say from eight to twelve, or fifteen years of age, will bear four or five grains, or even larger doses in the commencement, and with such it may be more suddenly increased to the maximum doses, without gastric disturbances. The remedy rarely offends the stomach when the foregoing precautions are properly attended to; on the contrary, it seems rather to compose and tranquillize this organ. Three doses, in a majority of cases, are as many as will be required in the twenty-four hours. Should cases occur marked by convulsions of unusual violence, with frequent paroxysms, it may be given oftener. From many trials with this article, it has not been perceived that there is much diversity of effect when employed in large or medium doses with young subjects.

Cases requiring the tincture, differ from those already noticed, chiefly on account of the more strongly marked lymphatic developments, with which they are associated; in such examples of epilepsy, a decided hydropic diathesis not unfrequently obtains; the adipose textures generally, but more especially of the skin, are disposed to bloat a little, with universal pallidness and reduced temperature; the secretions from the skin, bowels and kidneys, are generally defective; the pulse is occasionally slow, feeble, and soft, but more frequently it is preternaturally active and corded, from the nervous mobility generally attendant upon imperfect sanguification; such patients are nearly always languid and sluggish, and often require diffusible stimuli to rouse the enfeebled energies, both of body and mind, to something like a comfortable state of excitation; with such subjects, the approach of the paroxysm is more gradual, and may, in many instances, be foreseen for hours, and sometimes days. To this complication of epilepsy, the tincture is most happily adapted, as it presents the remedy in the form best calculated to act promptly, as well as to meet the several indications of cure. It should (as advised with regard to the crust in substance) always be commenced with at night, and in the minimum doses; from ʒss. to ℥iss. may be given, properly diluted, three or four times during the day. Being less permanent in its effects, the tincture should be given more frequently than the crust in substance, especially if the symptoms are urgent; these doses may be repeated with safety as often as once in three or four hours.

Occasionally in this form or complication of epilepsy, it becomes necessary to employ tonics, either mineral or vegetable, or perhaps both, before the tincture (or powder) can be given with the least benefit. By invigorating the organic tone, upon which the normal functional actions materially depend (especially of the digesto-nutritive systems), our agent is enabled the more effectually to produce its specific remediate excitation. That debility exists in these cases, may be inferred from the general anæmial aspect of such patients, as well as from the marked benefits following the use of tonics. It is an observation worth remembering (the truth of which has been often verified in the course of our practice), that nervines rarely benefit when the organic tone is greatly depressed; like mercurials, they are more certainly remediate, under certain circumstances of energy of the organic vitality; depressed (or exalted), inordinately, both fail of their remediate effects.

Should costiveness supervene (which will be often the case), a combination of scammony, aloes, and rhubarb is to be used, in doses of from two to four grains of scammony, about the same proportion of aloes, and from four to eight grains of rhubarb, made into pills. This compound should be given at night, and the doses so managed as to elicit only one or two evacuations, the design not being to purge freely. In restoring the solubility of the bowels, we know of no combination so well suited to such cases as the one just recommended; its action is gentle, but effective, particularly in eliciting the biliary secretion, upon which circumstance the peristaltic movements of the intestines are mainly dependent.

The crust, administered in either of its forms, should be suspended during the employment of aperients or cathartics; and should not be resumed, until, at least, the active cathartic movements subside. To correct the acidity which is occasionally present in this form of epilepsy, it has been found necessary to employ alkaline absorbents; and for this purpose a weak lixivium of hickory, or grape-vine ashes, has seemed to answer best: it should be prepared by mixing one heaping tablespoonful of the ashes in a quart of water; of the clear liquid, from ʒss. to ʒj. may be taken two or three times daily, after eating, or as often as may be found necessary, without irritating the bowels, which it will sometimes do if continued too long.

In both modifications of the disease, the diet should be particularly attended to during the whole course of the treatment, and indeed for some time after the cure may be supposed to have been effected. In the sanguineous variety it should be decidedly abstemious; animal or oily substances are to be inhibited: cooked farinaceous articles; some of the soft pulpy fruits; molasses; and occasionally, thin animal broths will be found most suitable; very little food of any kind should be taken into the stomach after 2 o'clock, P. M. The epileptic patient should always retire to bed with the stomach nearly empty.

In the lymphatic complication, some latitude in diet may be allowed; that is, animal substances, moderately coagulated, and of a purely muscular character, may (after the bowels are *regulated*) be used in small quantities; should acidity abound, or a tendency to it in the stomach be discovered, the use of animal food is not only allowable, but particularly applicable.

As auxiliary means in the cure, the earliest attention should be given to uniformity of temperature ; the skin should be well protected against the unequal action of cold, during every stage of the treatment, and for this purpose the wearing of flannel next the skin should be directed. Thus protected, under all circumstances of climate and exposure, the individual may (as it is requisite he should do) indulge in moderate exercise, and even pursue many of his ordinary avocations, with comparative safety. This suggestion will not be regarded as supererogatory, when it is recollected that epileptic attacks often originate in a want or neglect of comfortable clothing ; and every practitioner much conversant with the disease must have witnessed relapses from exposure to the causes of catarrh.

The remedy which we have been considering should be discontinued or suspended upon the accession, and during the continuance of any new or acute diseases ; and when resumed should be commenced with, in medium doses.

Employed in either of its forms, the crust should be continued perseveringly, until a cure is effected, or a satisfactory trial of its powers has been made. In no disease which "flesh is heir to," is it more important to inculcate patience during treatment than in epilepsy, and the failures of medical practitioners in contending with it, are to be attributed to the disregard of this admonition, rather than to the incurable nature of the disease; we might mention, also, a want of confidence in remedies, among medical men, as an obstacle in the way of satisfactory trials. In every successful case our remedy should be continued some time after the convulsions have ceased to return ; the patient cannot be considered cured until the general health too is restored, even if the convulsions have long subsided.

It is not pretended that the crust will prove remediate in every case of epilepsy, nor even in all such examples as are idiopathic ; some of these may be so strongly engrafted upon the system, from long continuance of the disease, as to have become completely constitutional and fixed, and necessarily irremediable. In the cases connected with organic lesions of the skull or brain (could they possibly be distinguished), we should never advise the crust ; but as it must be confessed that such cases cannot be discriminated, it will be safest in every instance to give the remedy a fair trial (more especially as it is not likely to aggravate the incurable cases), and such has uniformly been our custom.

In obstinate cases the crust should be continued for more than a year before it is to be discarded, or the case abandoned as incurable ; both forms should always be employed and used alternately.

The crust in form of tincture is also a valuable nervine and antispasmodic in hysteric convulsions, and indeed in hysteria generally. In that variety, connected with or proceeding from uterine irregularities incident to sterile married (or unmarried) females, it will be particularly serviceable ; with such the paroxysms most strikingly resemble epilepsy.

The singular efficacy of the crust in the treatment of epilepsy, its mild and peculiar qualities, taken in connection with the violent characters of the disease, have suggested the following pathological views and rationale of the action of the crust.

Epilepsy originates generally in infancy, and is to be esteemed rather a state of quiescent, than active disease, in which all the essential properties exist, the convulsions only marking that stage which should be regarded as its most active, or the spasmodic stage.

In the quiescent, as well as the actively spasmodic stages, irritation seems to obtain, and doubtless constitutes the pathological condition of the textures involved ; it is not only the primary pathological condition of the tissue, but exists in different degrees in every stage of epilepsy, from the quiescent to the convulsive, and it is from this also that the morbid susceptibility results ; it originates primarily in, and is chiefly confined to, the sentient extremities of the gastro-intestinal and encephalic nerves, in their motory relations with the muscles ; it may result from, or be connected with, certain congenital organizations, peculiar to large heads, with or without precocity of intellect ; or gastro-intestinal irritation, from the presence of worms, crudities, &c. or from dentition, or possibly all may be present and necessary to complete the epileptic liability. That a remarkable irritative excitability of mind and body, can be distinguished in a large majority of epileptics, both before and after the convulsions, will be conceded by all who are conversant with the disease. This irritation may also be the cause of those extraordinary developments of the brain and intellectual faculties in infancy and childhood. Once impressed, it is kept up and perpetuated by the numerous and diversified irritating causes incessantly acting upon infantile systems, and occurring while the textures are unfolding and organizing their respective vitalities ; it may in some degree become incorporated with the structures themselves, as one of their properties.

Instituted in either of the nervous extremities, the irritation (or convulsive susceptibility) is extended to the other, thus completing the epileptic liability, or the passive stage of the disease. Why the irritation of the passive stage invites, and subjects the system to active spasmodic movements, cannot be satisfactorily explained, unless we are permitted to suppose that the peculiar or motive nervous tissue in which it originates, and the excitation from which it seems to result, may impart to it this character or tendency. Originating in the nerves, the convulsive movements are extended to the muscles by the operation of new or irritating causes.

The epileptic susceptibility in a majority of cases, is first to be traced in the nerves of the gastro-intestinal mucous membranes ; and is manifested by the early and frequent production of convulsions from ingesta, crudities, worms, &c.

As the intellectual organizations become more fully developed, the susceptibility may also be perceived in them, and now it is that mental and moral causes may become the instruments of epileptic convulsions.

According to the foregoing views, epilepsy consists of two stages, the passive (or what has generally been regarded the predisposing), and the active, or convulsive, stages ; they differ only in the degrees of violence and extent of the irritation, which is to be regarded as a unit. In the passive stage, the irritation seems to be confined chiefly to the sentient extremity, while the intermediate prolongations of the nerves are only invaded by a less degree, or the predisposing irritation ; in the convulsive, all the organs and textures usually involved are equally irritated and excited. "Convulsions are not the disease, they are only symptoms of disease." In epilepsy they are not to be regarded as the disease itself, but the convulsive stage of it.

From the numerous post obit reports of cerebral lesions and morbid appearances connected with epilepsy, it is not by any means established that the disease results from such local affections. Esquirol himself, although enjoying the most favorable opportunities for investigating the subject, has not been willing to refer the disease to an appreciable or definite cause, or to deduce the pathological conditions of the structures from the records of morbid anatomy. Lesions without epilepsy, similar to those met with in epileptic bodies, have been discovered in the brain, according to the researches and reports of Wepfer and Lorey, from which it may fairly be inferred that they are not invariable concomitants, as cause and effect. Such lesions are to be regarded "rather as the consequences of epilepsy than its causes." Our conviction is, that convulsive irritation of the sentient extremities, as well as the intermediate prolongations of the gastro-intestinal and encephalic nerves in their motive relations, generally induced by the action of occasional irritants upon the infantile constitution, is the essential pathological condition upon which epilepsy depends, in a very large majority, if not in all of the cases.

The action of the crust in arresting and curing epileptic irritation, doubtless commences in the sentient extremities of the nerves of the gastro-intestinal mucous membranes; the remediate excitation it induces, differs essentially from irritation; it is the action of a nervine stimulant, exciting the irritated organism equally and pleasantly; the remedy may be regarded as a nervine roborant; the action is also antispasmodic, and approximates in its nature to the movements of health; and if the remedy be continued, it generally becomes the predominant excitation. Being the predominant action in the sentient extremities of the gastro-intestinal nerves, the brain is soon brought into sympathy, which reflecting back upon these textures, a corresponding action not only fixes it in them as determined and established, but also in every other similar texture. In this, as in all other cases of remediate medication, the action begins in the part to which the agent is first applied, and the brain reflecting it back upon the organs first excited, or such others as may stand more particularly related to it, by natural or acquired sympathetic ties, determines and fixes the location of it. The primary excitations and the textures, whether in the establishment of diseased, remediate, or healthy actions, determine their character, while the brain fixes their locations. Morbid excitations do not always continue in their primary seats, but are directed and determined occasionally by the brain to other parts which chance to be more strongly predisposed, and consequently more intimately connected with, and influenced by it. Remediate impressions are also liable to a similar transfer, and cases have occurred in which such excitations have been determined and translated to the primary seats of irritation, greatly to the aggravation of the disease.

The action thus set up by the operation of the crust, and continued by re-applications of the remedy, becomes more and more firmly fixed and established by the associations which it is continually and progressively forming in the system; at length becoming predominant, it merges, or is lost in the actions of health. In this way we would explain the operation of remedies generally ; when failures result, remediate agents either have not been appropriately selected, or regularly and faithfully employed, or the primary irritation has been of such a violent nature, or so firmly engrafted in the textures and organs, as to be immoveable, and consequently irremediable, under any system or course of medication.*

OPHTHALMOLOGY IN GERMANY.

From the report of the Ophthalmological Clinique at the School of Wiener, during the session of 1832—3, by Dr. Rosas, we gather some interesting particulars in regard to diseases of the eye, and their treatment, in one of the best schools in Germany.

The number of patients treated in the course of the year, comprised in the report, amounted to 1067, of whom 153 were permanent patients, and the rest, 914, were dispensary patients. Of the permanent patients, 92 were males, and 61 were females. The periods of life comprehending the greatest number of patients, were the ages ranging from 10 to 20 years, and from 20 to 30. The forms of disease may be distinguished under the following heads :—

Erysipelas of the lids - -	2
Ptylosis - - - - - -	2
Encysted abscess - - -	1
Ulceration of the lids - - -	2
Entropium - - - - -	1
Inflammation of the edges of the lids	2
Coloboma - - - - - -	1
Conjunctivitis - - - -	23
Trachoma - - - - - -	1
Inflammation of the lachrymal gland	1
Abscess of the lachrymal sac -	1
Inflammation of the globe of the eye	30
Erythismus of the eye - -	1
Gutta serena - - - - -	13
Hydrops oculi - - - - -	1
Closure of the pupil - - -	5
Wound of the cornea - -	1
Cataract - - - - - -	42
Staphyloma cornea - - -	8
Exophthalmia - - - - -	2
Medullary fungus of the retina -	1

The *ulcers in the substance of the eyelids* were both of a syphilitic nature. In the first case, a cure was obtained in a short time by the use of calomel internally, and of a lotion containing one grain of corrosive sublimate in 11 oz. of water. The other had destroyed half the lid, and was complicated with similar ulcers in the cornea and throat ; here also the disease was cured by the internal administration of corrosive sublimate, and a wash composed of 1½ gr. of sublimate, to 3 oz. of water and half a scruple of tincture of opium.

An *entropium of both lids*, in a female 34 years of age, was cured by touching the relaxed tissues of the lids with concentrated sulphuric acid, in a line parallel to its edge.

The *inflammations of the conjunctiva* which presented themselves may be distinguished thus :—catarrhal, 5 ; catarrho-rheumatic, 10 ; varioloid, 1 ; morbillous, 1 ; and scrofulous, 6. They did not present anything worthy of remark.

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* The above article was published in the August No. of the American Journal of the Medical Sciences. It is republished in this Journal, by request of the author, on account of several important typographical errors which escaped the notice of the respected editor of our cotemporary periodical.

A *fistula lachrymalis* on both sides, of scrofulous origin, occurred in a patient of sixteen years of age. At the commencement some leeches were applied to the nose, and the patient inhaled some emollient vapors, and was well purged. The red precipitate ointment was then rubbed twice a day on the inner angle of the eye, and a few grains of calomel were given every day, and revulsives were applied to the neck. The contents of the sac were washed out frequently every day, and the disease was cured within three months, without its being necessary to have recourse to any mechanical means.

The *rheumatic ophthalmiæ* were treated by repeated leeching, mercurial frictions, revulsives to the neck, and calomel given internally. The inflammation was generally subdued within from four to eight weeks.

In one case, where *erethismus* of both eyes remained, the disease was removed by the constant application of mineral magnetism. In another case of erythismus, of a scrofulous nature, a perfect cure was obtained in a short time by the use of calomel and jalap, succeeded by the employment of *Decoc. Althææ cum Extract. Hyos.* The *Extract of Belladonna* was rubbed on the eyebrow, and the *Empl. Tart. Emet.* was directed to the neck.

One of the cases of *amblyopia* presented itself in the person of a locksmith, twenty-nine years of age. The disease was of a congestive character, and produced by hard drinking. The use of leeches, saltpetre ʒss. to two drachms daily, and strict antiphlogistic diet, obtained a cure within three weeks.

A case of complete *amaurosis*, which occurred in a tanner forty-seven years of age, is worthy of notice. For sixteen years the patient had been perfectly blind; this state was preceded by violent pain in both eyes. In the year 1832 he entered the hospital, and was so much improved by acupuncture, as to be able to distinguish light and darkness. The treatment was now interrupted for two months, on account of the vacation, and on the 11th of October the supra-orbital nerve of the right side was acupunctured. During the operation the patient perceived some sparks in the eye, and on the 11th, when it was repeated, he felt a slight shivering along the vertebral column. On the 13th the left, on the 14th the right supra-orbital, and latterly the infra-orbital nerves, were acupunctured. These were followed by sparks in the eyes and shivering along the spine. On the 17th the galvano-punctor was employed, for the first time, and four plates of Volta's pile were used. The same nerves were touched, and after four minutes the patient felt some febrile *frisson* sparks in the eye, and a flow of tears. On the 19th, after a similar operation on the right side, the patient began to see. On the following morning, the inner moiety of the visual field was somewhat troubled, but within ten hours this phenomenon diminished, and towards evening the patient, to his great joy, could distinguish all large objects.

On the 21st the operation was repeated on the left side for two minutes and a half; his eyes continued watery for the whole day. On the morning of the 22d, all objects were covered with a thick veil, but this soon went off, and the patient could see so clearly with both eyes as to distinguish a small silver coin. The galvano-punctor was re-applied from time to time during the months of November, December, and January. On the 11th of February it was carried to twenty-six plates of the pile; at this time the patient was fully able to distinguish small objects, and even their color, &c.

Cataract was observed in forty-two individuals, twenty-six men and sixteen females; of these 1 was under ten years, 2 were under twenty, 1 under thirty, 3 under forty, 4 under fifty, 13 under sixty, 13 under seventy, and 5 under eighty. Twenty-eight were affected in both eyes; seven in the right and seven in the left eye: the number of cataracts therefore in the forty-two patients was seventy. As to the causes under which the disease was developed, in many cases it arose from frequent attacks of internal ophthalmia; in seven cases from mechanical injury; in two from long working in a very strong light; in one from excess of drink; in seven from rheumatic attacks of the head; in two from gout; in one it was congenital; in twelve the disease could only be attributed to old age; two of these latter individuals were successfully operated on at the hospital some years before. In twenty-eight cases the operation was not performed, on account of various complications, &c. Forty-two cataracts were operated upon; nine by incision of the cornea inferiorly; two with the superior incision, and fifteen with the lateral incision; eleven were lacerated through the cornea, two through the sclerotica, and, finally, three were depressed through the sclerotica. The accidents which occurred after these operations were, keratistis, one case (after extraction); iritis two (after extraction); ophthalmitis five (four after extraction, one after depression); prolapsus iritis one (after extraction).

The success of the forty-two operations was as follows:—

	Cases.	Perfect Cure.	
Extraction—inferior flap	9	7	1 imperfect cure; 1 lost the eye.
Ditto superior flap	2	1	in other, pupil closed by lymph.
Ditto lateral flap	15	14	suppuration of one eye.
Laceration through cornea	11	8	in three absorption was imperfect.
Ditto through sclerotica	2	2	
Depression	3	3	one lost by suppuration.

The number of patients treated in the dispensary was 914; 515 men and 399 women. It is impossible for us to analyze this series, as we have done the former, but we shall notice one or two points: 1st. With respect to age, 263 were under ten years of age; 150 were under twenty; 170 were under thirty; 114 under forty; 83 under fifty; 70 under sixty; 34 under seventy; 23 under eighty; and two were under ninety.

London Lancet.

REMEDIAL POWERS OF THE CEANOTHUS AMERICANUS.

[Communicated for the Boston Medical and Surgical Journal.]

Mr. Editor,—I do not remember to have seen any reference made (medicinally) to the Ceanothus Americanus of Linnæus. Its sensible properties led me to use it in a case of aphthæ, and subsequently in other derangements of mucous surfaces, where I found it of some importance. Prof. Bigelow describes the ceanothus as follows. " Leaves heart ovate, acuminate, triply nerved. Panicles axillary elongated. A small white flowering shrub, not unfrequent in dry sandy soils. Leaves two or three inches long and one broad, finely serrate, and tapering into a long point. From the axils of the upper leaves come out leafless branches bearing crowded bunches of minute white flowers. These are followed by dry three seeded, and somewhat triangular berries. The leaves were used among other substitutes for tea during the American revolution." I might add that the dried leaves and seeds have an odor, when bottled, not unlike imported tea. It has a slight bitter, and somewhat astringent taste. I first used it in case of an old lady of 70, who had a severe thrush following typhus. The usual gargles were tried without much effect. Every 2d or 3d day a new coat of darker hue would cover the whole interior of the fauces. The mucous membrane after its discharge presented a dark florid appearance, with extreme sensibility. I had tried borax, alum, nitras argenti, vegetable astringents and tonics, as gold thread, crane's bill, hardhack, oak bark, sumach, &c. without much benefit. The ceanothus growing near, I directed a strong tea to be made of it, which acted like a charm ; the thrush soon passed off, and without relapse. Since then I have used it largely in aphthæ of children, and find it highly useful in cases following dysenteria maligna, as well as those of less debility and disease, even after other gargles have been ineffectually tried. During last March and April, scarlatina, attended in most cases with ulceration of the fauces, was very prevalent with us ; I depended almost exclusively upon the ceanothus, with borax for a gargle, and in all but a single case of very malignant character this gargle was effectual. The form I used, and which I found best adapted for the cases as presented, was prepared by making a strong tea of the ceanothus and flowers of Anthemis cotula, and to a gill add a piece of borax the size of a large pea. I think the borax and Mayweed rendered it in many cases more effectual. I have also used it with benefit in form of a tea in dysenteria of children, and found it fully equal in many cases to the Speica tormentosa. The tea I used was prepared from the leaves and seeds.

Bloomfield, *Conn. Sept.* 12*th*, 1835. D. H. Hubbard.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, SEPTEMBER 30, 1835.

PRESERVATION OF BODIES.

To teachers of anatomy, it is matter of no ordinary concern to understand the most economical method of preserving anatomical subjects. That there is a prodigious loss in the usual routine of daily demonstrations, is familiar to every one who has attended public lectures. While a dissection is going on upon one part, another part equally valuable is totally destroyed by decomposition. When to this is added the uncertainty of a necessary supply, and the danger often apprehended of not being able to make an exhibition of everything which the student has a right to expect, a discovery like that which is about to be detailed, must be of incalculable value.

A committee of the French Academy of Medicine has been experimenting of late, with what is commonly called, in Europe, Gannal's fluid—a preparation proposed by M. Gannal for the preservation of bodies for the dissecting room—and the result of their inquiry is favorable. The mixture is formed in the following manner. Take 2 lbs. of common salt, 2 lbs. alum, 8 oz. nitre, and 40 lbs. of water. The subject to be anatomized is immersed in this. In March last, two bodies were placed in this solution, and left, says the report of the commission, exposed to the putrid exhalations in one of the dissecting rooms of the school. At the expiration of a month, they were changed externally, in appearance, only, it is inferred from the narration, but the internal tissues were sufficiently conserved to be applicable to anatomical purposes. By another experiment, a body, after having been in the liquor for some time, remained fifteen days without exhibiting any signs of putrefaction. This is a point not to be overlooked, inasmuch as it offers a remedy by counteracting a rapid tendency to decay under the circumstances alluded to in anatomical theatres.

It will be remembered that a few years ago, the scarcity of bodies was such at the University of Dublin, that serious fears were entertained that the lectures would be suspended, if some immediate provision were not especially made for sustaining the professor of anatomy. Dr. Macartney, then, as at present, in the chair, devised a composition which was so effectual in preserving portions not immediately in use, that the course of instruction was finally conducted satisfactorily to the close of the term. On a careful comparison of the ingredients of the Dublin brine, with the French liquid, they prove to be essentially the same. Both the superficial and deep-seated nerves of the arm served Dr. Macartney for public demonstration for several months, having previously been subjected to the antiseptic influences of this composition.

In this country, some gentlemen have succeeded in obtaining the same results by a still simpler, if not more economical scheme. To nine gallons of common New England rum, or whiskey, add an equal quantity of water—the whole being sufficient for covering an adult subject in a suitably constructed vessel. We have kept one or two, in this way, an entire year, and found them in most perfect condition for demonstration at the expiration of that time. The muscles were red and compact, and, on the whole, we have no recollection that any difficulty occurred in raising or dissecting the minutest fibres. With regard to the nerves, they were particularly fine and strong. Each night, however, we were careful to replace the whole in the vat, so that it is uncertain how long they might have been kept before becoming unfit for examination.

We have also made trial of pyroligneous acid, but such destruction was made of instruments by it, that, although promising well in theory, it was ultimately abandoned.

From the experience we have had in teaching anatomy, and in the consequent perplexity arising from a scarcity and sometimes unexpected decay of subjects, we have felt that the foregoing remarks might be beneficial—particularly now, as the season has arrived when the study of anatomy can be most advantageously pursued. If, however, any of our professional brethren are in possession of better or less expensive substitutes for those adverted to, they will be doing great service to science by communicating the facts to the medical public.

Strychnine in Cholera.—Dr. C. E. Jenkins, of London, relates his successful treatment of the malignant cholera, which is as follows:—In *any stage* of the disease between the first copious dejection and the collapse, he gives one-twelfth of a grain of pure strychnine, made into pills with crumbs of bread (or, where deglutition is difficult, white sugar, and in this case rubbed into the tongue). This is repeated every quarter of an hour for the first hour, and every half hour for the second and third hour, diminishing the frequency of the dose until the violent symptoms are subdued. The patient's inordinate thirst is gratified with an unlimited allowance of cold water, which is often indulged in to the extent of some gallons. The first *three*, or varying between *three* and *six* pills, are ejected. As soon as the warmth returns, and the vomiting is stayed, a basin of strong beef-tea, or half a pint of good porter (according to the habits of the patient), is allowed, the strychnine relinquished, and the sulphate of quinine administered in doses of two grains every three or four hours.

Apothecaries in Germany.—In some of the German States, particularly Hesse-Cassel, the government will not permit an apothecary who has been two whole years engaged in any other employment, to resume his business without being subjected to a second examination and obtaining a new license for the practice of pharmacy. During the progress of the re-examination, some chemical preparation is required to be made, to show that the individual remembers his manipulations. The capital of Prussia, containing two hundred and fifty thousand souls, has only twenty-eight apothecaries. Nearly the same vigilant eye is kept upon this important class of men, that characterizes the system in Germany. Once every year, the retail drug stores are visited, at an unexpected moment, by a committee of magistrates and physicians, appointed by government, to examine and decide upon the genuineness of the medicines on sale. The laboratory is also minutely inspected. Every error or defect, of importance, subjects the owner to serious embarrassments. One very important regulation is this—viz. that they shall not meddle with medical practice.

Physicians in Prussia.—There are said to be wealthy provinces in that country, where the ratio of physicians to the population, is only one to seven thousand: and in Bohemia, only one to sixty thousand inhabitants. Those German students of medicine who are competent to sustain the rigorous State examinations established by law, which are wholly independent of academical qualifications, engross a prodigious field of practice.

Missionary Physicians.—The mission to the Sandwich Islands has requested the prudential committee to send out two physicians. Under the auspices of the Society, we believe several talented professional gentlemen have already been sent to various parts of the heathen world. This certainly bespeaks a spirit of christian benevolence and kind-hearted philanthropy, deserving the highest possible commendation.

Cancerous Contraction.—The body of a young woman is said to have been lately opened at a hospital in Paris, in the intestines of which no less than 617 cherry-stones were found, confined by a cancerous contraction.

The Royal College of Physicians, London.—The Fellows of this celebrated institution have given great offence to some of its licentiates by the recent enactment of certain by-laws. A petition was presented to the House of Commons on the 17th of August, signed by a committee which includes the names of such men as Marshall Hall, James Copland, N. Arnott, Southwood Smith, &c., in which they complain, that, notwithstanding the original Charter of the College ordains that the Censors are to be chosen by the President and College, or commonalty, the by-laws in question depute to the Council the power of nominating the Censors, and the Fellows are constrained to ballot for those so nominated. The nomination of licentiates for the fellowship is also entrusted to the Council. They consider that the Charter is likewise infringed upon by the proposed mode of choosing the Council thus illegally entrusted with power, which is, they say, "framed on a close and narrow system of monopoly and exclusion."

Smallpox.—Three cases of this disease have recently appeared at Charlestown, in the neighborhood of the Bunker Hill monument, which were promptly removed to the Quarantine Hospital, which, we are sorry to remark, has scarcely been free from the smallpox a week, at any one time, for a year. Most of the patients arrive in vessels from various ports in Europe.

We were informed on Saturday, that thirteen cases also existed at Concord, N. H., and our informant mentioned two deaths. Both at Charlestown and Concord, the disease was introduced by the same individual, who journeyed from New York with a mild varioloid.—A case has likewise occurred at Attleborough, in this State.

Mexican Remedy for Cholera.—M. Chaniac gives the world reason to believe that he has deceived himself in supposing that he has discovered a specific for the cholera, in the guaco plant. He prescribed a decoction given in small cups, until a gentle perspiration was shown upon the skin. A statement by this gentleman, in which wonderful successes are particularized, has already been circulated.

A Treatise on the Epidemic Cholera, by Floyd T. Ferris, M.D. of New York, is announced as in press by the Harpers.

Winter Retreat for those inclined to Pulmonary Consumption.—Dr. Cartwright, of Natchez, has expressed to us the opinion, that the maritime portions of the State of Mississippi, lying below the 31st degree, and between New Orleans and Mobile, constitute one of the best retreats in the United States for persons who are threatened with pulmonary consumption. They, however, in whom the disease is established, should not leave home for that or any other place in the South, as it has appeared to him that a southern climate has rather accelerated than retarded the fate of such patients, which is very much the result of our own observation. The soil and climate of the tract of country, to which we have alluded, are described by Dr. C. as sterile, temperate, and comparatively free from humidity.—*West. Journ. of the Medical and Physical Sciences.*

Died—At Walden, Orange Co. N. Y., Dr. Seth Capron, 74, a native of Rhode Island.

Whole number of deaths in Boston for the week ending Sept. 26, 51. Males, 25—Females, 26.

Of measles, 6—liver complaint, 3—infantile, 2—decline, 3—erysipelas, 1—intemperance, 2—dysentery, 2—throat distemper, 1—hooping cough, 1—paralysis, 1—old age, 3—cholera infantum, 2—disease of the heart, 1—dropsy of the brain, 1—bowel complaint, 3—drowned, 1—bilious fever, 1—teething, 1—consumption, 6—diarrhœa, 1—lung fever, 2—typhous fever, 2—inflammation of the brain, 1—dropsy, 1—brain fever, 1—scarlet fever, 1.

ADVERTISEMENTS.

WASHINGTON MEDICAL COLLEGE OF BALTIMORE.

THE Annual course of Lectures in this Institution will commence on the last Monday of October.

JAMES H. MILLER, M.D. Professor of Anatomy, Physiology and Pathology.
SAMUEL K. JENNINGS, MD. Prof. Materia Medica, Therapeutics, Hygiene, and Medical Jurisprudence
WILLIAM W. HARDY, MD. Professor Obstetrics and the Diseases of Women and Children.
JOHN C. S MOUKUR, MD. Professor Theory and Practice of Medicine.
JOHN P. METTAUER, MD. Professor Surgery and Surgical Anatomy.
EDWARD FOREMAN, MD. Lecturer on Chemistry, &c.
WASHINGTON R. HARDY, M.D. Demonstrator of Anatomy. This department will be open from the 1st of October. Sept 16—3t

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MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving Medical Instruction on the following terms:—

Convenient Rooms well furnished, with access to a good Medical Library, and the necessary facilities for demonstrative Anatomy and Surgical operations.

The privilege of attending at the almshouse and a private hospital, now in successful operation, together with the important cases, both in physic and surgery, which occur in a pretty extensive private practice. Terms—$50 a year.

JOSEPH H. FLINT,
ELISHA MATHER,
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NORTHAMPTON, Mass.

☞ Instruction in modern Dentistry will be given for a small additional compensation.
May 13. eop6m

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THE subscribers are associated for the purpose of giving a complete course of MEDICAL INSTRUCTION, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive Clinical Lectures on the cases which they witness there.

Instruction, by examination or lectures, will be given in the intervals of the Public Lectures of the University.

On Midwifery, and the Diseases of Women and Children, and on Chemistry	By DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica - - -	By DR. WARE.
On the Principles and Practice of Surgery - - - - - - - - - -	By DR. OTIS.
On Anatomy, Human and Comparative - - - - - - - - - -	By DR. LEWIS.

For the greater accommodation of the Class, a room is provided in the house of one of the instructers, having in it a large library, and furnished with lights and fuel, without charge to the students.

The Fees will be, for one year, $100. Six months, $50. Three months, $25.

The Fees are to be paid in advance. No credit will be given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to DR. WALTER CHANNING, Tremont Street, opposite the Tremont House, Boston. 6m.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR

Boston, April 1, 1835.

MEDICAL AND SURGICAL EDUCATION.

THE subscriber continues to receive medical pupils at the United States Marine Hospital, Chelsea, and to offer them the following advantages.

The institution at present contains seventy beds: all of which are occupied during the autumn and winter by the subjects, both of medical and surgical treatment The number of patients in the spring and summer is rather less. The average number daily, throughout the last year, was between fifty-five and sixty. The number is annually increasing. A greater variety of disease is thus presented, than is to be found in those hospitals exclusively appropriated to the poor of any city.

The students have unrestrained access to these cases during all hours: as also to the extensive apothecary shop connected with the establishment.

A valuable medical library is offered for their use.

Facilities for the cultivation of demonstrative anatomy, are afforded through the winter.

The students are provided with a suitable apartment in the hospital, which is furnished with fuel and lights, without charge.

Fees, $50 a year.

Board may be procured in the vicinity of the hospital, at from $2,50 to $3,00 per week.

Boston, April 21, 1835. (April 29.—tf.) C. H. STEDMAN.

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THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

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OPIUM EATING.

THE following particulars respecting the baneful effects of indulging in the intoxication of opium are gathered from the history of a patient, now in the *North London Hospital*, under Dr. A. T. Thomson, for phthisis pulmonalis.

Elizabeth Marden, aged 35, was admitted May 26th. About seventeen years ago she began to suffer from a pain in the right iliac region, for which a medical gentleman ordered her to take ten drops of laudanum, night and morning. This was gradually increased, the pain continuing, until at last she took three teaspoonfuls every four hours, night and day.

At first ten drops relieved the pain, but it was found necessary to increase the dose to produce the same effect. So that the three teaspoonfuls at last did not produce so much relief as did the ten drops at first. The effect of the small doses was simply to produce a relief from the pain, without exerting any other particular influence on the body or mind. As the dose was increased, however, she found it produce a very comfortable condition of the mind. She felt very lively and cheerful, and was capable of doing any quantity of work; it also produced a sense of warmth over the whole body. She had severe family afflictions, but was not at all distressed by them whilst under the influence of opium, though she felt them severely at other times. If she passed over the usual time for taking a dose, she felt the most distressing sensations about the joints, not of pain, but such as she is unable to describe. She suffered involuntary motions of the arms, fingers, and toes; numbness in the limbs and body generally; profuse perspiration, nausea, vomiting, and loss of appetite; a saline taste in the saliva, and a bad taste in the mouth; tremor in the limbs; great sense of debility and lassitude; the memory and mental powers generally became greatly impaired, attended by a miserable depression of the spirits. These symptoms were all relieved by a repetition of the dose. The opium also produced constipation, not more than one motion occurring in a week, and she does not recollect whether that was produced by medicine or not. If the dose was deferred, she had always severe headache. Her sense of smell was so much impaired that she could perceive no pungency in snuff; her taste was so much lost that she could not distinguish pepper or mustard; and her hearing was become so deficient that she could hardly detect the voice of any one who spoke; yet her own voice sounded most disagreeably loud to her. Her touch was so much affected that she could not execute any needle-work. The acuteness of all her senses was restored by the usual dose, the want of which was indicated by flushing and heat of the face. During the period of taking the opium she had very little sleep, and in the intervals she could not attempt to sleep from want of the desire, so that she generally worked all night. What sleep she had was generally in the day-time, and that little was much confused and easily ended. About five or six years ago, her resources being exhausted, she obtained admission into *Guy's Hospital.* Her laudanum here was left off for the first three days, and all the above symptoms continued; also now, for the first time, she appeared to see the most frightful animals and other objects in the ward. The symptoms were again relieved by her usual doses. Her doses were left off, however, and medicines were given her thrice a day, containing camphor and a diminished quantity of laudanum, but how much she cannot say, with about a bottle and a half of Port wine daily. She took these for three entire months before the symptoms began to abate, with other cordial medicines and wine to the end of the fourth month, when she left the hospital. The laudanum was being decreased during the whole time, and when she left the hospital she took a teaspoonful in the course of the day. On returning home, and being dependent on her friends, she was obliged to discontinue the laudanum and wine, and was even unable to get beer. She was now more miserable than before, all the symptoms returning with increased severity, and for the first six months she was almost entirely helpless. She was then first affected with pain in her chest, and a cough, which has continued ever since. She was twelve months at home before the above distressing symptoms disappeared. The only consequences of her opium eating at present are, a very much impaired taste, numbness of the limbs, coldness of the feet, inability to walk far without aching pains in the limbs; and a general sense of lassitude.

In making some remarks on opium eating, Dr. Elliotson observed that he had never before seen a case in which opium had been discontinued. It was unquestionably the most fascinating of all intoxicating agents, the ecstacies produced on the mind by it being more entrancing than those produced by wine. Wine seemed to invigorate the animal frame, opium the intellectual powers. Its effects on the system were generally of the most baneful kind. He had seen cases in which there was no constipation, though generally that was a consequence of opium eating. The opium eater was generally known by his care-worn countenance, and his emaciated and dirty appearance. Dr. E. had been informed by an officer in the East India Service, that when opium eaters were taken prisoners, and kept for some time without the drug, they became ruddy and plump, instead of remaining pale and fleshless. Their sufferings at first were generally very intense, but these wore off by degrees. In the case of Mr. De Quincy, the "English opium eater," who reduced his dose in one day from 8000 drops of laudanum to 1000 drops, he experienced no inconvenience; on the contrary, the melancholy which had for some time oppressed him, subsided. To these remarks the reporter of the present case adds the following:—

The action of opium is different in different persons; in some producing a subdued melancholy, in others creating a temporary insanity. The emotion of the mind which predominates at the time, is generally increased by opium; but the most common effect of the drug is to produce a feeling of liveliness and happiness. The writer is acquainted with the editor of one of the most influential morning newspapers, who is subject to hypochondriacism, and takes a grain of opium about once a fortnight, the effect generally remaining for that period of time, and producing in him a most pleasant and comfortable feeling. The late Duchess of Gordon is said to have owed much of her wit and vivacity in company to the swallowing of laudanum, to which she was much addicted, and the conversational powers of Coleridge were influenced by the same cause. The dreams of the opium eater are at first highly gorgeous, but when the stomach becomes disordered by the long-continued use of the drug, nothing can exceed the horror and gloominess of his visions. Persons of a poetical temperament are often addicted to opium, the inhabitants of the poetical climates of Turkey and Persia especially. Mr. Madden in his Travels says, that he knew a Turk who could not rise from his couch until he had stimulated his frame with a drachm of opium, and then he was most animated and cheerful. He used to take three drachms of solid opium in the day. The writer (the reporter) knew a young woman who took one ounce and a half of laudanum daily, and a retired naval officer who a short time since took two drachms of opium in a day. By great persuasion, the writer induced him to decrease the dose gradually, and he now requires only two scruples to produce the same effect as was before produced by the two drachms. At one time he had diminished the dose to fifteen grains, but in consequence of some domestic calamity he became melancholy, and flew to larger doses. His bowels generally require very strong purgatives to move them. He has little appetite, and is subject to occasional attacks of distressing sickness. He only takes his dose once in the twenty-four hours, but if he suffers any time beyond that to elapse, he becomes wretchedly melancholy. He occasionally drinks freely, but does not find any difference between the effect of opium and alcohol.—*Lancet.*

A CASE OF CHOREA SUCCESSFULLY TREATED WITH FOWLER'S SOLUTION OF ARSENIC.

BY ROBERT C. CUMMING, M.D. OF FREDERICK CO., MARYLAND.

The embarrassment experienced by the practitioner in the treatment of some of the diseases usually denominated *nervous*, is a matter of frequent complaint, and of this number chorea may be considered one of the most conspicuous. Although high authorities have testified in strong terms, to the almost infallible efficacy of their favorite modes of treating this disease, yet the physician will meet with signal disappointment, who relies with much confidence upon any *particular* plan, until at least its pathology, now unquestionably obscure, shall be better understood. The following case is related, not because of any novel feature it presents, but merely to exemplify the value of an article already favorably known as a remedy in this distressing affection.

Rebecca D., ætat. 14, was attacked on the 7th of April, 1834, with slight convulsive motions of the muscles of the face, arms and legs, which were accompanied with some degree of lassitude and languor. These symptoms continued to increase for about ten days, when I was requested to see her. I found the following symptoms present. All the muscles of voluntary motion were affected, those of the face, neck and extremities particularly ; there was an inability to remain for any length of time in any one position, the spasmodic action being so violent as to turn the patient suddenly and involuntarily, from side to side. The pulse was regular, though somewhat irritable ; the tongue covered with a thick yellowish coat. No pain was complained of, except in the lumbar region, with some degree of tension and fulness about the lower part of the abdomen. Her appetite was not impaired, though deglutition was very difficult, and there was an inability to convey food or drink to her mouth ; the vocal organs were also so much affected as to render her articulation indistinct. No remission of the symptoms was observable, except during sleep ; and of this she enjoyed only about four hours in the twenty-four, when merely slight contractions about the face and neck occurred.

Considering the treatment recommended by Dr. Hamilton as particularly appropriate to this case, I at once commenced the use of purgatives, and continued them steadily and perseveringly for one week, but with an aggravation rather than a diminution of the symptoms. Supposing from the age of the patient, the pain in the lumbar region, &c. that the symptoms might be connected with an effort of nature to produce the menstrual secretion, I now combined emmenagogues with the purgatives, and continued their joint administration for some time longer, but still without lessening the severity of the symptoms. Believing that I had given this plan a fair trial, without deriving benefit from it, I now resolved to institute a tonic course, and forthwith administered some of the preparations of iron, with some of the most efficient vegetable tonics, but yet without any obvious advantage. My attention now was directed to Fowler's arsenical solution, of which I ordered eight drops three times a day, gradually increasing it to fifteen drops. A very material improvement was apparent as soon as the effect of the remedy on the system was manifested by a swelling of the integuments about the face, when it was suspended for some days, and then resumed for a few days longer. In ten or twelve days from the commencement of its exhibition, the symptoms had abated in a considerable degree, and about a week more established a perfect cure. The patient has never had a return of her malady, and is now in possession of excellent health.—*N. A. Archives.*

PAROXYSMAL SELF-LIMITED DISEASES.

FROM DR. BIGELOW'S DISCOURSE.

We come next to a second order of self-limited diseases, of which the term *paroxysmal* is sufficiently descriptive. This term applies to certain morbid affections, which recur in fits or paroxysms, leaving the patient comparatively well in the intervals, at the same time that the paroxysms themselves can neither be foreseen, prevented, nor, as far as we know, materially abridged in their duration. At the head of this subdivision stands *epilepsy*, a disease which has been long eminent as an opprobrium of medicine, and for which, it is believed, the healing art has not yet devised a cure. The first attacks of epilepsy, especially while there is any doubt as to the nature of the malady, are usually made the subjects of active and various treatment. But after the recurring paroxysms have established the character of the disease, if active medical practice is persevered in, it is rather to satisfy the anxiety of friends, than the judgment of the practitioner.

Angina pectoris, appropriately called by Dr. Good, sternalgia, is a paroxysmal disease, which controls its own movements. The anatomical character of this disease is not well understood, and I may add, the same is true of its medical treatment. And in this place it may be proper to state, that various incurable lesions of the heart, lungs, brain, and other viscera, do not apparently destroy life by a regular, undeviating march; but that as far as their outward phenomena afford evidence, they seem to proceed by alternate fits and pauses, undergoing, in their progress, all states, except that of retrogradation. This is apparently true in regard to tubercles, ossification, hypertrophy, and some other morbid alterations. It is also even true in regard to old age itself.

Thirty years ago, we might have added *gout* to the opprobrious list under consideration. But as we may now be said to possess the means of shortening the paroxysms, by the use of certain acrid narcotics, and as an abstemious life goes far towards lessening the frequency and violence of the recurrence, we may be justified in withdrawing gout from the place it would otherwise occupy.

The diseases of mania and melancholy, asthma, when it depends on emphysema of the lungs, gravel in the kidneys, and the symptoms produced by ascarides in the rectum, furnish other examples of maladies, which manifest themselves in unforeseen paroxysms. Cases, which bear the names of all the above diseases, are undoubtedly relieved, and sometimes even removed by medicine; but it is equally true, that other cases are wholly intractable, both as to their recurrence, their duration, and their susceptibility of much change from medical treatment. And it will come to the recollection of many practitioners, that they have, in the course of their lives, believed themselves to have cured these diseases, when in fact they have only witnessed the spontaneous subsidence of a paroxysm.

MERCURIAL TREATMENT IN WHITE SWELLING.

FROM M. LISFRANC'S LECTURES AT LA PITIE.

A new method of internal treatment in white swelling has been proposed by Dr. O'Beirne of Dublin; it consists in giving internally calomel in doses strong enough to bring on salivation in a few days. As soon as this phenomenon sets in, the pain disappears as it were by magic, the tumor diminishes, and articulation returns rapidly to its normal state. These seductive promises were supported by seven cases contained in

Dr. O'Beirne's memoir, and it therefore became a matter of high importance to determine how far they merited confidence. The number of patients affected with white swelling, who present themselves at *La Pitié*, is sufficiently great ; and since the end of 1834, up to the present day, we have made a great many experiments on the subject. Let me remark, in the first place, that we followed exactly M. O'Beirne's formula, which is Calomel gr. xviii. ; Pulv. Opii gr. iii. F. vi. pilulæ ; pr. i. omni tri-horâ. The six pills are enough for one day ; they are repeated next morning, and so on until the salivation is well established.

Whenever the white swelling existed in an acute stage, the pain disappeared with wonderful rapidity, and the tumor underwent at the same time a remarkable diminution ; so far the assertions of the Dublin surgeon were fully confirmed. But it was by no means the same when the tumor so treated had been reduced to the chronic stage, or when the patient, from the beginning of the treatment, presented only the chronic symptoms.

We have multiplied these experiments at the hospital, and have even prescribed the mercurial pills in town ; the results were exactly similar to what has been mentioned. Generally the first pills determine a slight diarrhœa ; in rare cases vomiting ; but other accidents soon cease, and especially so when once salivation has set in. In some patients it begins the first or third day ; but most commonly it requires five or six days, and, consequently, twenty or thirty pills. In one single case we have given up to sixty pills without producing salivation ; the patient had just come out of another hospital, where he had been treated with mercury. In this case, also, the vomiting, excited by the calomel, persisted for a long time, and returned at intervals.

How are we to explain the astonishing action of this remedy on white swelling in the acute stage ? Some persons have latterly recommended mercury as an antiphlogistic. We know that mercurial frictions on the affected parts have dissipated erysipelatous inflammations, calmed peritonitis, or even inflammation of the liver. On the other hand, the English make great use of mercury internally in most inflammations ; but in the first place they do not push the mercury in all these cases to salivation, and the results of the mercurial treatment in syphilis seem to conclude against this pretended antiphlogistic property, for it is well established that mercury only exasperates the inflammatory period of chancre, and in general of all inflammatory venereal symptoms.

The question of the properties of mercurial preparations is far from being settled definitively, and as to the cases which occupy us, we cannot explain its action by the laws of ordinary revulsion, since neither the diarrhœa nor the vomiting which it sometimes produces has any effect on the tumor, while that of salivation is at once so quick and powerful. If we compare this new method with the ancient, we must confess, that in acute cases it produces immense advantages ; the incessant pains and the irritability of the tumor, which required often four, six, or even ten months, to dissipate them, here yield in a few days, and do not return. The patients are also spared the loss of strength produced by frequent sanguineous emissions ; finally, the latter frequently fail to relieve the patient from the pain, which keeps him constantly awake, and hitherto the calomel has constantly succeeded. In one of our patients the pain was intolerable, and resisted every means. Salivation, brought on in a few days, dissipated it instantaneously, with every other inflammatory symptom. But when the inflammatory element has been removed, the action of calomel becomes null, or at least much less than before, and hence we may see how important it is to distinguish, as we have done, between the two stages of the disease.—*Lancet.*

TOBACCO AS AN ANTIDOTE TO CONTAGION.

FROM DR. ALLEN'S ESSAY.

It has been said, and, indeed, it is a common opinion, that tobacco operates as an antidote to contagious and infectious diseases. This idea is gratuitous and fallacious. If in this respect the use of tobacco have any effect, it must invite rather than prevent those diseases. The natural tendency of tobacco is to enfeeble and prostrate the vital powers, and by these means, it must obviously favor an attack of any prevailing epidemic, whether contagious or not.

Diemerbrock has usually been quoted as authority for the anti-contagious character of tobacco, because when he attended patients having the plague, he smoked it ; but it should be observed that he kept constantly "chewing the seeds of the lesser Cardanum ; a practice, sufficient to create an almost perpetual habit of spitting, which, I am disposed to think," says Van Swieten, "was of more service to him than any of the medicinal powers of the tobacco. I have heard of a very worthy divine," continues V. S. "who often attended, and that for a considerable time together, not as a physician to the body, but of *the soul*, persons dying of the plague, without ever taking it himself ; and he attributed his immunity from this dreadful scourge, to the bean, called St. Ignatius's bean, a bit of which he kept constantly rolling in his mouth."

The nux vomica and tobacco are analogous in character, and both deadly narcotic poisons ; to neither of which is there any substantial evidence that the doctor or the priest owed their exemption from disease. They escaped the pestilence, and so have thousands of others in similar circumstances, without the use of any antidote.

It is a fact, universally admitted, that other causes which enervate the body facilitate an attack from prevailing ailments. Consequently, if tobacco be no worse than other innoxious agents, such as fatigue, anxiety, &c. its use under such circumstances is not justifiable. Cullen, whose opinions I always quote with a kind of reverence, although he discards the idea that tobacco contains any antidote to any contagion, or that it has any antidotical powers, admits that "by diminishing the sensibility of the nervous system, its use may render men less liable to contagion, by rendering the mind less active and anxious." The antidotical powers of tobacco are placed upon the same footing with those of wine, brandy and opium. The only tenable ground, then, for the use of tobacco as an antidote to contagion, is that it stupifies, and by that means prevents the danger from being discovered. A wise man foresees the danger and avoids it, or else prudently prepares for its approach, relying on the goodness and protection of Divine Providence. A reasonable, consistent and conscientious man, in lieu of benumbing his intellectual faculties by the use of tobacco, opium, or alcohol, on occasions of danger from infectious diseases, will find a more safe and sure solace by a rigid regard to his virtues, his passions, and a faithful discharge of all his duties, leaving the event with God his Protector. The most safe and sure method to avoid infectious diseases is by a virtuous course of conduct, to secure that habitual calmness and serenity of mind which constitute true happiness, and which are at the same time so essential to health and long life.

" Æquanimitas sola, atque unica felicitas."

Facts, however, are not wanting to prove that the users of tobacco, or alcoholic liquid, are even more liable to be attacked by epidemic and contagious diseases than those who make no use of these articles.

The cholera, it is well known, affected most seriously intemperate users of these ingredients. Similar observations have been made respecting nearly all preceding extensive epidemics. It is in fact a matter of curious moment that so much astonishment should have been expressed and written upon this subject, as though some novel and strange event had occurred in this recent visitation of the fatal cholera. Intemperance has ever made victims for pestilential and epidemic diseases. The great plague of London in 1665, we are informed by the illustrious Sydenham, was most severe on those " who were poorly fed and were *intemperate*." The dram-drinkers and tobacco-chewers experienced most heavily the effects of the yellow fever at Philadelphia in 1793. " Tobacconists, and persons who used tobacco," said Dr. Rush, " did not escape the disease, although snuff-takers were more devoted to their boxes than usual." Intemperance in eating or drinking seldom failed of exciting the fever. The experienced Dr. Lind long since observed that " intemperance in eating disposes to tropical fevers." Intemperance in the use of tobacco, from its known noxious effects upon the human system, must have a worse tendency.

EMPLOYMENT OF GELATINE FOR FOOD.

TRANSLATED FROM THE GAZETTE DES HOSPITAUX FOR MAY LAST.

BY J. CHICKERING, M.D. BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

M. DONNE read a second memoir, in which his principal object was to prove :—

1. That the employment of this substance has been proposed and adopted for the sustenance of the poor and the sick in the hospitals, without any other knowledge of its alimentary properties than what is derived from analogy.

2. That before his direct experiments, no one had investigated the true action of this substance on man and other animals, under any appreciable circumstances.

3. That since its adoption in the diet of the hospitals, and especially since the doubts raised by him (M. Donné), numerous facts and imposing testimonies declare against the two principal qualities attributed to gelatine—its value as an alimentary substance, and the alleged economy of using it in the expense of our great establishments of charity.

In support of the first proposition, the author analyzes the different publications of M. Darcet.

All his reasonings, says he, are grounded on this principle, that, as the ordinary broth derives its nutritive qualities only from the gelatine of the meat dissolved in the boiling water, it is possible to make a factitious broth as nutritious, and more so, than the ordinary broth, by dissolving in water a certain portion of dry gelatine ; and, in order to make it similar to the other in every respect, it will be sufficient to boil with it some vegetables and a little meat for seasoning.

In favor of this there is, continues M. Donné, an alleged direct experiment ; it is that of a dog which was fed fifty-four days solely on gelatine, and was well during the whole of the time, without observing anything remarkable, except his stools were suppressed from the sixth day.

In opposition to this experiment, M. Donné adduced several other experiments in which he could not make dogs thrive on such food, and other experimenters afterwards succeeded no better, even when they added to the gelatine a certain portion of ordinary food.

As to the experiments made by a commission of the Academy of Medicine, M. Donné regards them as inconclusive :—

1. Because they were made at a time when doubts had not been raised respecting the nutritious properties of this substance, and, consequently, when men were less critical about proofs which they regarded as unnecessary.

2. Because the gelatine then tried was not of the kind now in use, the gelatine prepared according to the method afterwards established by M. Darcet ; but it was the gelatine obtained from bones treated with hydrochloric acid. M. Donné thinks that the excess of heat which cannot be avoided in the new mode of preparation, very frequently alters the substance.

Besides, the report in question does not, says M. Donné, contain direct experiments on the alimentary properties of gelatine, properly so called, and we know how easy it is to deceive ourselves in endeavoring to establish the elementary properties of any substance when we make experiments in hospitals where there is a system of prohibition regularly established against the introduction of unauthorized articles.

In respect to the second proposition, that is, before the experiment of M. Donné no one had investigated the real action of gelatine on man and other animals, the author repeated the facts contained in his first memoir, and, as we gave an analysis of this work at the time it was presented to the Academy, we shall merely state that M. Donné sensibly felt the pains of hunger, by taking daily before dinner, with about a quarter of a pound of bread, 20 to 50 grammes of gelatine ($1\frac{1}{2}$ to $3\frac{1}{2}$ ounces nearly), which were, according to M. Darcet, equivalent to 2 to 5 litres (1 to $2\frac{1}{2}$ quarts nearly) of good broth ; and that a dog, to which he gave with the same quantity of bread 120 to 240 grammes of gelatine ($8\frac{1}{2}$ to

17 ounces nearly), on the fourth day refused to eat the gelatine, and very much lost flesh.

With respect to the third proposition, which is in reality the principal object of the memoir, M. Donné supports it by a great number of arguments, but he first refers to the former opinion of M. Darcet on the qualities of gelatine broth.

In the notes which this learned man appended to the report made in 1814, he expresses himself thus: "The broth made in this manner is easily taken in jelly by cooling, which happens but rarely with meat broth; it has likewise the advantage of being preserved a longer time than this last in hot and stormy weather." Afterwards, in a note published in 1829, he positively says, that "the solution of gelatine, not being more concentrated than meat broth, being alkaline and not saline, has a bad odor, especially in the summer, if we let it alone; but this inconvenience is easily prevented by acidulating the solution with lactic acid, tartaric acid, &c."

He now comes to the examination of a part very important for settling the question, which was not published in the report of the physicians of the Hôtel Dieu, made by order of the councillor-general of the hospitals. MM. Gueneau de Mussy, Husson, Honoré, Sanson senior, Gendvin, Petit, Caillard, Breschet, Récamier, Magendie and Dupuytren, established in this report, dated Oct. 8, 1831:

1. That broth prepared with a solution of gelatine and meat, has a turbid color, and a somewhat nauseous odor and taste; that it has no fragrant qualities, nor a palatableness which is indispensable to good broth, and that it does not produce in the digestive organs the excitement so necessary to easy digestion.

2. That meat boiled in a solution of gelatine has a reddish color which is offensive to those to whom it is given for food.

3. That the process of extraction, were it more perfect, would not change the nature of gelatine, which is not a good aliment if it be nutritious.

This report closed with expressing a desire to see the broth for the sick made by the old method. The authors having been informed that the council, before deciding on any measures in relation to their report, concluded to consult the physicians of the hospital of Saint Louis, addressed to one of the administrative commission a letter on the subject, in which they requested that the employment of gelatine in the regular diet be provisionally suspended, and that the patients be not required to partake of a food, in respect to the bad quality of which all the physicians of the hospital are agreed.

The council, by right of making this requisition, ordained the provisionary suspension of the use of gelatine as a diet in the Hôtel Dieu, and it has not since been resumed. This substance also ceased to be used as a diet in the charity hospitals of Val-de-Grace.

How has it happened, continues M. Donné, that the physicians of the hospital of Saint Louis have made the only exception, and that in this establishment the apparatus for preparing gelatine has till now continued in operation to the satisfaction, as is frequently said, of the physicians, the sick and the attendants? There is, says M. Donné, no clear explanation of this fact, which still deserves explanation.

"I have not been able," continues M. Donné, "to inquire of the physicians and the patients, and learn whether all approve of the diet in their establishment; I shall not go into any detail respecting the particular object of this hospital, in which those affected with eruptive diseases are generally exempted from affections of the digestive organs. I shall merely cite one positive fact, which is, that at the hospital of Saint Louis, the gelatine is used as an addition to the regular diet, and never to the diminution of other substances. In this case, where is the advantage of gelatine? I conceive of none, and I see a considerable increase of expense."

M. Donné then quotes long passages from two reports made by the administrative commission, and which point out various inconveniences arising from the use of gelatine for food. In one of them, dated May 25, 1831, reference is made to the means used for clarifying the broth, and for removing from it the disagreeable appearance it has in the dishes of the patients; and that the scum (l'ecume) produced by the gelatine solution is such that it cannot be removed without a silk sieve, and that chemical means for this purpose have not been successful, although the suggestions of M. Darcet have been exactly followed.

The reporter adds, "we can expect but little economy from the use of gelatine as a diet in the hospices, where old people, generally in good health, ought to have the whole allowance of meat which is assigned them by law." He estimates the outfit for establishing its use at Bicêtre at 20,000 francs ($3,720), and the annual expense at 10,265 francs ($1,909 49), without any income.

M. Donné finally refers to some of the works which have been submitted to the Academy since the reading of his memoir. Some persons, says he, have eluded the question in its chemical point of view, and in this respect the work of M. Gannal appears to me to contain some new ideas which deserve attention.

As to the experiments of MM. Edwards and Babzac, they are, as is well known, in opposition to mine; the commission of the Academy ought to appreciate their value, and weigh the conclusions which are drawn from them with the facts brought forward by the physicians of the Hôtel Dieu, and with other information to which I have referred.

M. Donné closes by citing a communication which he received in relation to the use of gelatine at Rouen. The patients expostulated against it. As to the soldiers, competent authority has required that the ordinary broth shall be given them.

A CASE OF DESTRUCTION OF THE TESTICLE,

PROBABLY BY THE PRESSURE OF A TUMOR, WHICH ENVELOPED THE SPERMATIC CORD, ITS NEIGHBORING BLOODVESSELS AND NERVES.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I was called to see J. P., of Lisbon, Me. June 14th, 1835, who complained of an enlargement of the left testicle, which he informed me commenced about three weeks before, with a little pain and soreness in the cord, which I concluded was caused by the gravity of the testicle. Not apprehending anything serious, I made no examination, but ordered him to suspend the testicle, gave him liniment to apply to the parts, and ordered him a cathartic of jalap and calomel, to be followed with a dose of Epsom salts. I did not see him again till the 2d of July, when he informed me that the cord had not been so sore since using the bandage. I made an examination of the testicle, and found it considerably enlarged; no fluctuation, nor any pain except in the cord, which was considerably swollen and quite tender to the touch. The testicle was very hard, surface smooth, and of a natural degree of heat.

As this case did not present the general symptoms of diseases of the testicle, and there being a degree of constitutional irritation, and the pulse full and hard, I bled him, gave a cathartic of jalap and calomel, and put him on a course of blue pill with a Dover's powder at night. Continued this course till the 19th without any effect on the gums, and as his strength seemed to fail, ordered him some tonics.

24th.—No alteration of the testicle (except a small water blister on the apex of the scrotum, which gradually enlarged), till the 27th, when I called J. Merrill, M.D. in consultation. We concluded to make an opening into the testicle, to ascertain, if possible, the nature of the disease.

I introduced the lancet in the place where the skin was broken (which had enlarged considerably, and had begun to turn black), an inch and a half. There was no sensation in the part, where the incision was made; and in fact the patient did not know that it had been laid open, till he was told. No discharge followed at the time. The probe was introduced with ease in all directions, without any resistance or sensation to the patient. Ordered a cataplasm to be applied to the part, and renewed as often as necessary. Pulse at this time full, hard and rapid; tongue considerably coated, and dark. Continued the Dover's powder at night; carb. soda every four hours, and blue pill as an alterative. From this time there was a gradual sinking, pulse from 80 to 100, tongue coated and black. The scrotum commenced sloughing away, so that in two or three days the testicle was seen to be entirely dead, so much so that a probe was passed into the testicle with ease, and without causing any pain. As the scrotum continued to slough off, I removed the testicle, and had a hope that I should find the cord in a healthy state; but it was likewise dead, and no hemorrhage took place. The poultice was continued, and in a few days there was considerable discharge of a dark unhealthy pus. There was some pain in the back, which at the time I attributed to resting on that part, it being the only position in which he could lie with any ease.

There was nothing more remarkable till death, which took place the 23d of August, during which time there was a gradual sinking, pulse from 80 to 120; tongue continued coated and black till a few days before his death, and as the coat fell off, it presented a red surface.

Post-mortem examination eight hours after death, assisted by J. Merrill, M.D. Found the intestines slightly inflamed, some adhesions, the liver enlarged, and gallbladder considerably distended with dark bile.

On removing the viscera, we found a large tumor closely adhered to the spine, extending from the os sacrum to the left kidney, which completely enveloped the spermatic cord, its neighboring bloodvessels and nerves.

This, Sir, is a brief sketch of the case, from my note-book, which appeared to me interesting; and as I do not recollect of ever having seen a case of the kind on record, I thought it might be of some use to give it a place in your valuable Medical and Surgical Journal. You are therefore at liberty to dispose of it as you think proper.

Yours, &c. JOSIAH LANE, M.D.

Little River Village, Me. September 25th, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, OCTOBER 7, 1835.

MEDICAL LITERATURE.

It is in contemplation in France, to create a chair of medical literature. The idea is novel, but nevertheless one of great importance. When the professor of pathological anatomy has been appointed, according to the provisions of the will of M. Dupuytren, it must be acknowledged that the advantages for acquiring medical science will be superior in Paris, to those of all other cities in the world. Were lectures given in our old schools upon medical literature, for example at Boston, Philadelphia, New York and Baltimore, in all of which the means are ample, there being always students enough to sustain the system by the payment of a moderate fee, manifest advantages would accrue to the profession. A large proportion of the young men who are annually graduated doctors of medicine, have had opportunities for studying but little more than the technicalities of medicine, and its collateral branches: this is particularly the case with those whose early academical advantages were limited; and however much they might have been inclined to accomplish themselves by a general reading of those authors whose works exhibit the scholar and the man of science, they were really confined to the irksome labor of poring over text books, and following the daily routine of the lecture rooms and hospital. Thus, if such ever become familiar with the history and character of writings which constitute the medical learning of past ages, and connect it with the present, they necessarily labor to disadvantage, and late in life, only, become possessed of the spirit of what they should have had in the beginning. Were students gradually made familiar with the archives of the healing art, and in an orderly manner presented with specimens of the ablest writers in all languages, by a teacher perfectly conversant with this important department, who, with judicious criticisms, carefully inculcated purity of style and elegance of diction, the reproach that physicians too frequently know nothing but terms, would no longer be tauntingly repeated.

In our own country, the writings of Dr. Rush, among others, are most admirable specimens of pure English; and although changes have been effected by the progressive nature of the science to which his whole life was devoted, the principles he inculcated were based upon the rock of truth, which no revolution of opinions can overturn. His acquirements in useful knowledge, and the agreeable, yet simple manner in which he endeavored to teach those who should in turn occupy the stage, when his days were numbered, will go down to remote generations as beautiful evidences of the advanced and elevated condition of the medical literature of the United States at the period in which they were embodied. In a word, the more reflection there is bestowed upon this subject, the deeper will be the interest that is felt in it ; a professor of a new branch will soon be considered a desideratum, as without his lectures no medical school in this country will have kept pace with the improvements in the celebrated institutions of Europe.

HISTORY OF THE CHOLERA IN NEW ORLEANS.

We have received from Dr. Michael Halphen, of New Orleans, an interesting volume of 374 pages, comprising a detailed account by him of the cholera and yellow fever which reigned simultaneously in that city in 1832, and of the former disease in 1833 and 1834, being a memoir to the Royal Academy of Medicine at Paris, in which place it was printed, and is of course in the French language. A work on the cholera is not now read with that intense interest which a few years since it was sure to receive ; but the results of long experience in regard to this desolating disease cannot fail to be interesting to the medical practitioner, even if viewed in no other light than as historical memoranda. Dr. H. has bestowed great labor upon his memoir, and has applied it principally to that department of the work which must of necessity be the most valuable—the collection of facts. In his Preface he remarks—

"The mode of treatment which we have adopted having been crowned with unexpected success, we have thought that it would be useful to give a series of cases, which, better than anything that we could say, would show the nature of the epidemic and the utility of our therapeutic method. We pretend not to offer a treatise on the cholera ; the reader will find in our pages neither erudition, citations, nor theories ; it is a catalogue of facts which we present."

The treatment referred to above consisted principally in the administration of quinine and "thridace." The author considers that there was no connection between the cholera and yellow fever which existed at the same time in 1832 ; on the contrary, he remarks, that "the antiphlogistic treatment in mitigating the effects of the yellow fever, has favored the development of the cholera, and that it is only in adopting an opposite mode of treatment that the new enemy has been successfully combated." On this subject, he further remarks—"I cannot but conclude that the cause of these two maladies differs as much as their effects on the animal economy, and that the cholera, an asthenic disease, necessarily produces a diversion in the effects of the yellow fever, a sthenic disease ; in the latter, the effects seem always to yield to the influence of the cholera, and never have I seen the cholera yield to that of the yellow fever—from whence I am induced to believe that the deleterious power of the first is even more fatal than that of the latter."

We translate one more sentence relating to these two diseases. "Persons not acclimated to the yellow fever, who have arrived while the two maladies were raging, have not in general been affected by it, as they would have been if the cholera had not existed ; and those among them who have had the cholera, have not been attacked so severely as persons acclimated to yellow fever. I will also add, that many persons previously affected with gastro-enteritis, were wholly cured of it on the appearance of the cholera."

Dr. H. has recorded fifty-seven cases of the cholera treated by him in 1832, and sixty-six in 1833. He has also given, under the heads of "Exposition," "Topography," and "Invasion of the Cholera," a mass of valuable information in regard to the appearance of the cholera in different parts of the United States, and to the sanitary regulations of New Orleans. In his remarks on this latter subject, he speaks plainly and without fear, and exposes some no very creditable instances of negligence in regard to the prisons and the cemeteries in that city. We shall endeavor to present further translations hereafter.

Cholera in France.—Our last medical advices from France, speak of the gradual spread and devastations of the cholera in the towns and villages in the South ; but at Marseilles and Toulon, it was subsiding. There were 1260 deaths out of 1373 cases, in the latter place—a most fearful mortality indeed. Wherever there is the most suffering and danger, owing either to the scarcity of physicians or the inexperience of those on the spot, the government, acting upon the broad spirit of benevolence, are continually sending young and active medical men to render assistance.

Smallpox in Germany.—From the last annual report of the Hospital of La Charité, Berlin, we learn that the number of patients treated in the establishment for smallpox was 96 ; of which 81 were cured, 11 died, and 4 remained. The proportion of deaths to the cases was therefore as 11:96, or 1 in 8.72.

Died—In Philadelphia, Dr. William Kennedy, aged 38.

Whole number of deaths in Boston for the week ending Oct. 3, 42. Males, 24—Females, 18.

Of measles, 11—infantile, 5—consumption. 6—cholera morbus, 1—sudden, 1—lung fever, 1—typhous fever, 3—apoplexy, 1—inflammation of the bowels, 1—tumor, 1—hooping cough, 2—accidental, 1—debility, 1—dropsy of the brain, 1—smallpox, 1—intemperance, 2—rheumatic, 1—teething, 1—lockjaw, 1.

ADVERTISEMENTS.

MEDICAL SCHOOL IN BOSTON.

The Medical Faculty of Harvard University announce to the public, that the Lectures will begin on the first Wednesday in Novem., and continue thirteen weeks, after which time the regular course will be considered as terminated. But for the following four weeks, the Hospital and the Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may choose to remain.

The following Courses of Lectures will be delivered to the class of the ensuing season :

			Fees
Anatomy, and the Operations of Surgery,	by	John C. Warren, M.D.	$15
Chemistry,	"	John W. Webster, M.D.	15
Midwifery and Medical Jurisprudence,	"	Walter Channing, M.D.	10
Materia Medica,	"	Jacob Bigelow, M.D.	10
Principles of Surgery and Clinical Surgery,	"	George Hayward, M.D.	10
Theory and Practice of Physic, and Clinical Medicine,	"	James Jackson, M.D. and John Ware, M D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing. While the violation of sepulchres is prevented, it is anticipated that an ample supply of subjects for the wants of science, will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to Students attending the Lectures of the physicians and surgeons. This Institution contains about sixty beds, which are, most of the time, occupied by patients who are subjects partly of medical, and partly of surgical treatment. Clinical Lectures are given several times in each week, and surgical operations are frequent. The number of surgical operations during the last five years has averaged about seventy in each year.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, June 12, 1835. June 24—tN1. WALTER CHANNING, *Dean.*

AN EXCELLENT CHANCE FOR A PHYSICIAN.

A Physician in one of the western counties of New Hampshire offers to sell his stand, situated in a pleasant and flourishing village, and no other physician within five miles. For further particulars, inquire of the Editor of this Journal, or of Dr. Richards, of Claremont, N. H. Oct 7

BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.—John C. Warren, M.D.—Rufus Wyman, M.D.—George C. Shattuck, M.D.—Jacob Bigelow, M.D.—Walter Channing, M.D.—John B. Brown, M.D.—George Hayward, M.D.—John Randall, M.D.—and Enoch Hale, Jr M.D.

At the annual meeting of the Committee held on Wednesday, August 6th, 1835, a premium of fifty dollars, or a gold medal of that value, was awarded to Luther V. Bell, M.D. of Derry, N. H. for a dissertation on the following question—"What diet can be selected, which will insure the greatest probable health and strength to the laborer in the climate of New England; quantity and quality, and the time and manner of taking it, to be considered."

Another premium of the same value was awarded to Usher Parsons, M.D. of Providence, R. I. for a dissertation on this question—"What are the diagnostic marks of cancer of the breast; and is this disease curable?"

The following prize questions for the year 1836 are now before the public, viz.

"1st. How far are the external means of exploring the condition of the internal organs to be considered useful and important in medical practice?"

"2d. To what extent is an active medical practice useful in the common continued fever of this country?"

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D. Boston, on or before the first Wednesday of April, 1836.

The following questions are now offered for the year 1837, viz.

"1st. What is the nature of Neuralgia, and what is the best mode of treating it?"

"2d. To what extent, and in what places, has Intermittent Fever been indigenous in N. England?"

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1837.

The author of the successful dissertation on either of the above subjects, will be entitled to fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied with a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz.

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith. GEORGE HAYWARD, *Sec'y.*

Boston, August 22, 1835. 3te3w

Publishers of Newspapers and Medical Journals, throughout the United States, are respectfully requested to give the above an insertion.

THE PILGRIM'S PROGRESS IN PHRENOLOGY, Part I., abridged. Likewise a Tract on the Vitality of the warm Blood and Air, abridged. By Elisha North, M.D. Both of these Tracts are for sale by the subscriber; price 17 cents for each. ELISHA NORTH.

New London, Ct., October, 1835. Oct 7

A STAND FOR A PHYSICIAN.

A physician in the State of Maine, in a pleasantly situated, small, flourishing village, about 25 miles from Portland, wishes to dispose of his stand. Being a very eligible stand, and affording abundant practice, it offers a good opportunity for a physician to establish himself. For further particulars, apply to the Editor of the Journal; if by mail, post-paid. Sept 23—3m

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MEDICAL INSTITUTION OF YALE COLLEGE.

The annual Course of Lectures in this Institution will commence on Thursday, Nov. 5, 1835, and will continue seventeen weeks. There are at least five lectures daily throughout the term, and a part of the time six. The several branches are taught as follows, viz.:

Principles and Practice of Surgery, by Thomas Hubbard, M.D.
Theory and Practice of Medicine, by Eli Ives, M.D.
Chemistry and Pharmacy, by B. Silliman, M.D.
Materia Medica and Therapeutics, by William Tully, M.D.
Anatomy and Physiology, by J. Knight, M.D.
Obstetrics, by Timothy P. Beers, M.D.

The fee for each of the first five branches is $12,50, and for the last $6,00, which, together with a matriculation fee of $5,00 and a contingent bill of $2,50, are to be paid in advance. The graduation fee is $15.

Since the last term, extensive alterations have been made in the College buildings;—those parts of it especially which are appropriated to anatomical purposes, have been made more extensive and commodious, and every facility will be afforded to those who wish to pursue the study of anatomy.

The price of board, lodging, &c. in New Haven, is from $2 to $3 a week, and other necessary articles in proportion. (Sept. 3—ep6w.)

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price $3,00 a year in advance, $3,50 after three months, and $4,00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

THE
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ON THE CAUSES OF SPONTANEOUS HUMAN COMBUSTION.

FROM AN ESSAY BY JAMES OVERTON, M.D. OF NASHVILLE, TENNESSEE.

The observations which have been hitherto collected in relation to this subject, seem to result in the firm conviction that a very large proportion of those who have suffered from spontaneous combustion, have been addicted to the abusive use of spirituous drinks. From this fact it has been concluded by some, and especially by Mr. Lair, that the different parts of their bodies having undergone a considerable alcoholic impregnation, had thereby contracted a high degree of combustibility, and consequently were easily ignited by the agency of any inflammable cause. This opinion appears to have enjoyed a very general and protracted acceptance among the profession, as well as with the mass of mankind, not accustomed to the investigations of abstruse physical and medical questions.

The opinion, indeed, derives apparent confirmation from the facts disclosed by the *post-mortem* examination of the bodies of persons who have died during a paroxysm of inebriation from ardent spirit. The different portions of their bodies have been found to exhale a strong alcoholic odor. And Mr. Lair also remarks, in confirmation of this explication, that the flame observed in combustions of this nature, resembles very accurately in its appearance, that of alcohol in a state of inflammation, and that the individuals in whom this accident has most frequently occurred are very fat or very lean persons, and that in the first case the abundance of fat has furnished aliment to the flame, whilst in the second, the defect of humidity was favorable to the progression and continued combustion of its elements present in the body of the sufferer. It is asserted, however, that this explication, notwithstanding its great popularity and useful moral tendency, is illy in accord with the settled principles of sound physiology; which refuses to admit the assimilation of any substance whatever into the living system, without important changes in the elements of its constitution. Among the constituent principles of every substance submitted to the action of the living organism, a new state of things is always induced; present combinations are dissolved, and new ones established. This faculty peculiar to vitality, may, it is true, be modified or limited by the condition of disease, or other anormal states of the system, but does not allow of entire suspension until after death. We are led, indeed, to regard as characteristic of organic vital action, its power of forming bodies more complex in their constitution than those which are the product of inorganic nature. This action often modifies the character of bodies which are extrinsic to the living organ, and produces bodies which, until the present time, chemists have regarded as submissive to no further decomposition. As an example of this fact, among many others, it has been noticed that the cones of the pine tree which has grown upon sterile land, and in which not a particle of calcareous matter could be detected by chemical tests, have, notwithstanding, furnished chalk to the analysis of the chemist. And other earths are often found in vegetables growing upon soils which possess nothing of a similar nature in their composition.

These and numberless other analogous facts establish, beyond the reach of question, the immense authority exercised by vital functions over the laws of composition which obtain in relation to inorganic nature. But although this authority is palpably very great, it is not absolute or entire in its influence. In proof of this idea, it has been ascertained that certain substances assimilated by the living body, retain notwithstanding some of their primitive qualities; such as their color, their odor, &c. &c. We know, for example, that madder taken into the stomach of animals, dyes the bones red; that a decoction of Campeache wood communicates its color to the urine; and that rhubarb gives to the urine, when taken into the stomach under some circumstances, a very yellow tint, in some instances greatly resembling, in appearance, water colored by the admixture of a considerable portion of venous blood. It is also said that agaric, a fermenting drink with which the Kamschatkadales often make themselves drunk, communicates its intoxicating quality to their urine. Garlic communicates its odor and taste to the milk of cows, and even frictions with this article give its peculiar odor to the breath and cutaneous excretion. Turpentine, asparagus, and other vegetable substances, also impress upon the secretions their peculiar odor; and substances taken into the stomach have been, we are assured, detected in their primitive state in the urine and other secretions. But are we assured from these facts that the substances mentioned, during the time of their assimilation and before their submission to the action of the secretory organs, retain the same state of combination among their elements, which obtained before their ingestion or application to the exterior surface of the body? And even conceding the possibility of alcohol pervading the living body, with no greater resistance than that exerted by dead matter of equal porosity, would not its affinity for water everywhere present, induce a combination with it not to be reconciled with the opinion, which attributes to the general diffusion of alcohol the combustibility by which the body is characterized upon such occasions? In proof, however, of the truth of the explanation, the spontaneous combustion of the eructations of certain drunkards has been adduced, with apparently too much confidence of triumph by its advocates. For even in these instances it is evident that the alcohol must have submitted to important modifications of character by the action of the vital organs upon it—for the vapor of alcohol in its ordinary state is not susceptible of *spontaneous* combustion, like the gaseous eructations which have been noticed. This latter vapor must therefore possess combinations, if not elements, which are foreign to the nature of alcoholic fluids—combinations and elements which are only ascribable to the agency of the living organism. Nor does the foregoing opinion, which attributes the combustibility of the living body to the diffusion of alcohol through its substance, derive better support from the evidence supplied by cadaveric inspections; because in those instances in which alcohol has been taken in large quantities a short time before death, which cases have alone, as it would seem, given origin to this conjecture, could not in this manner have pervaded the living tissues, and must consequently have taken place after the body had ceased to be obedient to the laws which reign exclusively in directing the motions of vitalized matter. Besides, the bodies of drunkards generally do not exhale an alcoholic odor, a fact which has been abundantly established by the examination of many individuals of both sexes and different conditions, by able and practiced investigators. This odor is only found to be present in those cases in which large quantities of alcohol have been taken a short time before death, so that the powers of life were inadequate to its perfect assimilation, leaving it consequently unchanged in the stomach at the time of the cessation of the vital functions of this viscus. Bnt spontaneous human combustion is a process of vitality, exhibited only by the living body, and never in one solitary instance after the body had ceased to be distinguished by the characters peculiar to life. This fact alone seems calculated to shade with great incertitude the explication alluded to, if it be not sufficient to its entire overthrow when examined in relation to all the bearings which it may legitimately claim to exercise in the discussion before us.

Finally, the similarity in the appearance of the flame in spontaneous human combustion to that of alcohol when ignited, contributes nothing more conclusive in support of this hypothesis; since the combustion of other bodies, such as carbureted and sulphureted hydrogen gas present also the same resemblance in the appearance of the flame. To these objections to the validity of the explication which has been noticed, it may be added with still greater force, that persons have in some instances, as in the case recently occurring in this city,* been the subject of spontaneous combustion, whose character was exempt from the slightest imputation in respect to the abusive use of strong drinks of any description.

With respect to the state of obesity or emaciation which has been proposed as the cause of the combustibility of the human body, it may be esteemed sufficient to remark, it is never so free from watery particles as to justify this hypothesis; and that the emaciation of no living or even dead body has ever presented so great dryness as to be capable of the rapid combustion which takes place when the body is the subject of the accident which is the present object of inquiry. Neither the dried mummies from the catacombs of Egypt, nor any condition of fatty matter with which we are yet acquainted, possess the character of combustibility to an extent nearly equal with that of the human living body, when it has acquired the capacity of spontaneous combustion. These causes are consequently totally inadequate to furnish a reasonable solution of the phenomenon of the spontaneous combustion which is the object of this essay. They may, indeed, be competent to modify the process, when it has been set up by other causes in the organism, but are entirely incompetent to account for its inception, progress, or the details of its character.

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* See Med. Journ. p. 25.

From an aggregation and comparison of the various cases of spontaneous combustion, which have at different times and situations been the subject of distinct and admitted observation, the following general conditions of its character are deemed to be fairly deducible.

1st. That females are much more subject to this accident than males; and we know that females have the skin and cellular tissue much more tender and relaxed than men, and that women more than men are the subjects of morbid obesity. 2d. That spontaneous combustion has much more frequently occurred to the aged than the young—much the greater number of cases having taken place in persons who had passed their sixtieth year of life. 3d. That besides the debility or asthenic diathesis peculiar to this portion of human life, these individuals had been in most, if not all instances, the subjects of asthenic diseases, or subjected to the agency of other causes productive of general debility. 4th. That their habits of life were inactive or indolent, and must consequently have tended towards the augmentation of the various other debilitating causes to which they had been exposed. 5th. That the greatest number of those who have been subject to this accident, have been fleshy or fat persons; and we know that obesity, and especially at a late period of life, is among the admitted proofs of atony, and particularly of atony of the lymphatic system. It is from this cause that such subjects are unusually liable to dropsy and to other affections of an asthenic nature, distinguished by the general appellation of cachexy, &c. 6th. That the largest number of those who have been the subjects of spontaneous combustion, have made an abusive use of spirituous drinks. 7th. That an ignited body, however inconsiderable may have been its extent or intensity, near to the place where the accident has occurred, such as a candle, lamp, burning coals, &c. &c., has in *most* instances been the object of clear and undisputed observation. 8th. That the inflammation has in all instances been extremely rapid, and in most cases has involved the whole body before assistance of any kind has been given to the sufferer. 9th. That the flame was in most instances where the subject was the object of observation, very unfixed or moveable, difficult to extinguish by means of water, and that it did not attack contiguous combustibles, except those with which it remained in contact for a considerable time. 10th. That the places where these combustions have occurred, emitted generally a strong empyreumatic odor; and that the walls of the apartment, and the surface of the ashes and coals which remained, were covered by a fœtid humidity and with grease. 11th. That the trunk of the body, with the exception of a few pieces of its ossific portion, has been, in almost all instances, entirely consumed by the conflagration; and that in the greater number of instances of total combustion, there remained only exempt from incineration after the termination of the process, portions of the bony structure of the head and extremities, of less or greater magnitude in different cases. 12th. And finally, that in a great majority of cases the accident has occurred when the atmosphere was considerably cold, and consequently in the winter season.

These facts are certainly of very great interest, and merit the profound meditation of every one who may attempt an explication of the subject of spontaneous combustion.

In the conduct of the present investigation we are early met by the inquiry, by what means does the human body acquire its combustibility or capacity of being burnt with the great-rapidity exhibited in these accidents? The solution of this problem has been deemed of the first importance, yielding but little if at all, in consequence, to the inquiry which is directed in search of the causes, which acting upon the susceptibility thus acquired, may be said to be the immediate causes of the accident.

The human body, dead or living, is a material which, in its ordinary condition, does not burn without very considerable difficulty—it may, it has indeed with entire propriety, been arranged among those bodies which are called incombustible. Our astonishment is consequently the greater when we are obliged to witness its rapid and often almost entire incineration, by the process which engages our present notice. Its capability of becoming the subject of such a phenomenon, from these causes, upon the present occasion, is a subject for interesting and primary investigation. By the influence of what agency are we to account for the production of this strange condition of the living organism? This is the first, and perhaps the most important inquiry which obtrudes its early solution upon the attention of the investigator, occupied with an examination into the causes and character of spontaneous combustion. We are obliged to lament the insufficiency of any response heretofore given to this important interrogatory, which, still, after ages of research, vainly calls aloud for some replication more demonstrable and definite in its character. Upon this branch of our subject difficulties formidable and numerous rudely assail the inquirer from every quarter—difficulties with which our predecessors have but feebly contended, and which even now maintain their ground little reduced in force or number. This fact is ascribable, perhaps, in a great degree, to the actual state of medical science; every portion of whose extended domain has not been the object of equally assiduous and successful cultivation.

Little comparative attention seems to have been bestowed by the profession upon the anatomical structure, and physiological and morbid functions of the cutaneous system. It has hence been very truly remarked, that no diseases are less understood than those which constitute the pathology of the skin—when the anatomy of the skin, therefore, together with its functions, healthy and diseased, connected with the tissues in its immediate contiguity, shall become the objects of more diligent and successful investigation, we may reasonably anticipate the development of facts and principles which cannot fail to reflect valuable instruction upon a subject, which at present seems, by necessity, to be veiled in deep obscurity. This obscurity is the necessary result of a deficiency of facts; and this deficiency can only be supplied by future research, philosophically conducted, into the anatomy and functions of the skin and other superficial tissues, in connection with the phenomena of this particular malady. Spontaneous combustion of the human body has in all cases had its beginning upon the superficial tissues; and this locality of its inception corroborates the expectation that its pathology is to be sought for and obtained, only by diligent and skilful investigation concentrating its attention upon the skin and other superficial tissues of the body. Until this prerequisite task shall have been executed with necessary ability and exactitude, ingenuity may continue to supply us with an abundance of plausible speculation, but these can never assume the importance of ascertained facts, or supply any profitable rule for the regulation of practice. At best, they cannot be more than conjecture, and may often exercise a deprecated influence, by the substitution of their delusive instruction, in lieu of facts and induction logically deduced from the sources, and by the means we have already indicated.

This very desirable object, however, by many important circumstances in necessary connection with its nature, is removed far beyond our competency to accomplish. Leaving it therefore to the industry, talents and philanthropy of others, in all respects better qualified to embark in the laudable undertaking, with more animating hopes of ultimate success, I shall be content to submit such an explanation of this accident as has been deemed most satisfactory and consistent with its sensible phenomena.

[To be continued.]

HYDRIODATE OF POTASH IN RHEUMATISM.

Dr. Elliotson has employed this medicine with considerable advantage in several cases of chronic rheumatism. It was administered in the case of a young woman who caught cold about eighteen months since, and who from that time had suffered from rheumatic pains in the joints at the various changes in the weather. On her admission into the hospital, May 26th, she had pains in her loins, shoulders, wrists, and ankles ; the joints were not swollen, or preternaturally hot or red. Her general health was pretty good. Two-and-a-half grains of the hydriodate of potash were given in solution three times a day.

30.—She has pain in the left side, increased on inspiration ; she is obliged to lie on her back. Eight leeches are ordered to be applied.

June 2.—The pain in the side is better, and the pains in the limbs are gone. She complains of headache and a sense of sickness.

6.—The headache and sickness are gone, but the pains in the joints have returned.

23.—Since the last report she has been improving, the dose of the medicine having been gradually increased to seven and a half grains. The pains have now entirely left her, and she was ordered to be discharged.

The other case is that of an old woman, aged 66, who was admitted on May the 12th. Twelve months ago she slept in a bed the pillow of which was damp, and she has since suffered with a severe pain in her neck, shooting up to the ear and into the head. Her strength has been much reduced by the constant pain, which has continually disturbed her rest at night. She took three grains and a half of the hydriodate on her admission, and has had the dose gradually increased to ten grains, which she was taking three times a day just before her discharge. On the 23d of June she was very much relieved. There have been various local applications, such as iodine and croton oil, made to the neck, but the effects of none of them were so striking as to warrant the belief that they administered much to the cure. Dr. Elliotson certainly considered that the benefit might be mainly ascribed to the hydriodate of potash.

London Lancet.

MEDICAL TREATMENT IN SELF-LIMITED DISEASES.

[In former Nos. of the Journal, extracts from Dr. Bigelow's Discourse have been given, which treated of the inefficacy of the healing art in many of the diseases which the physician is called upon to attend. Injustice would perhaps be done to the author if the following extracts were not also presented to the readers of the Journal.]

It may perhaps appear that the views, which have now been taken of the power of medicine in so large a class of diseases, are gloomy and discouraging, and that an unworthy tribute is paid to the labors of those physicians, who have patiently studied, and ardently acted, for the benefit of humanity. Such views, however, are far from being the object of the present discourse. Were it permitted by the compass of the subject under consideration, it would be a very grateful task to enumerate those maladies of the human frame, over which we have reason to believe that medicine has obtained decisive influence. To a medical audience, it is unnecessary to recall the instances of pain relieved, spasms controlled, inflammations checked, and diseased associations broken up, under limitable diseases, by the agency of the healing art. Were there no other trophy for the medical profession to boast, it is sufficient to know, that the diseases of smallpox and syphilis alone would have entailed misery and extermination on a large portion of our species, had not medical science discovered the prevention of the one, and the successful management of the other.

* * * * * * *

In regard to acknowledged self-limited diseases, the question will naturally arise, whether the practitioner is called on to do nothing for the benefit of his patient ; whether he shall fold his hands, and look passively on the progress of a disease, which he cannot interrupt. To this I would answer,—by no means. The opportunities of doing good may be as great in these diseases as in any others ; for, in treating every disease, there is a right method, and a wrong. In the first place we may save the patient from much harm, not only by forbearing ourselves to inflict him with unnecessary practice, but also by preventing the ill-judged activity of others. For the same reason that we would not suffer him to be shaken in his bed, when rest was considered necessary to him, we should not allow him to be tormented with useless and annoying applications in a disease of settled destiny. It should be remembered that all cases are susceptible of errors of commission, as well as of omission, and that by an excessive application of the means of art, we may frustrate the intentions of nature, when they are salutary, or embitter the approach of death when it is inevitable. What practitioner, I would ask, ever rendered a greater service to mankind, than Ambrose Paré, and his subsequent coadjutors, who introduced into modern surgery the art of healing by the first intention? These men with vast difficulty succeeded in convincing the profession, that instead of the old method of treating incised wounds by keeping them open with forcible and painful applications, it was better simply to place the parts securely in their natural situation, and then to let them alone.—In the second place, we may do much good by a palliative, and preventive course, by alleviating pain, procuring sleep, guarding the diet, regulating the alimentary canal,—in fine, by obviating such sufferings as admit of mitigation, and preventing or removing the causes of others, which are incidental, but not necessary, to the state of disease. In doing this, we must distinguish between the disease itself, and the accidents of the disease, for the latter often admit of relief, when the former do not. We should also inquire whether the original cause of the disease, or any accessory cause, is still operating, and if so, whether it can in any measure be prevented or removed: as, for example, when it exists in the habits of life of the patient, in the local atmosphere, or in the presence of any other deleterious agent. Lastly, by a just prognosis, founded on a correct view of the case, we may sustain the patient and his friends during the inevitable course of the disease; and may save them from the pangs of disappointed hope on the one side, or of unnecessary despondency on the other.

It will be seen that, in the foregoing remarks, a low estimate has been placed on the resources of art, when compared with those of nature. But I may be excused for doing this in the presence of an audience of educated men, and the members of a society whose motto is *Naturâ duce.* The longer and the more philosophically we contemplate this subject, the more obvious it will appear, that the physician is but the minister and servant of nature; that in cases like those which have been engaging our consideration, we can do little more than follow in the train of disease, and endeavor to aid nature in her salutary intentions, or to remove obstacles out of her path. How little, indeed, could we accomplish without her aid! It has been wisely observed by Sir Gilbert Blane, that "the benefit derivable to mankind at large, from artificial remedies, is so limited, that if a spontaneous principle of restoration had not existed, the human species would long ago have been extinct."

But if we can accomplish comparatively little in the actual direction of disease, the necessity becomes more imperative that we should do that little wisely, and well. The importance and usefulness of the medical profession, instead of being diminished, will always be elevated, exactly in proportion as it understands itself, weighs justly its own powers, and professes simply what it can accomplish. It is no derogation from the importance of our art, that we cannot always control the events of life and death, or even of health and sickness. The incompetency which we feel in this respect, is shared by almost every man upon whom the great responsibilities of society are devolved. The statesman cannot control the destinies of nations, nor the military commander the event of battles. The most eloquent pleader may fail to convice the judgment of his hearers, and the most skilful pilot may not be able to weather the storm. Yet it is not the less necessary, that responsible men should study deeply and understandingly the science of their respective vocations. It is not the less important, for the sake of those whose safety is, and always will be, committed to their charge, that they should look with unbiassed judgment upon the necessary results of inevitable causes. And while an earnest and inquiring solicitude should always be kept alive, in regard to the improvement of professional knowledge ; it should never be forgotten, that knowledge has for its only just and lasting foundation, a rigid, impartial, and inflexible requisition of the truth.

RUPTURE, CONVULSIONS, AND DEATH.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Doubts have been entertained by the subscriber whether the following case, in its present imperfect state, would merit a place in the pages of your Journal. But on considering its nature, and the many valuable suggestions its premonitory symptoms and tragical termination furnish to the practising physician, for the prevention of a similar catastrophe, I have, after collecting all the facts relative to it that could, with propriety, be obtained, concluded to send you a brief history of it. If you think it sufficiently interesting, in the absence of all the important facts which a post-obit investigation would have enabled me to give, to justify you in presenting it to your readers, you are at liberty to do so.

Case.—Mrs. B., of W., a highly respectable lady, about 30 years of age, was married eight years since, and though during this period she has enjoyed a good degree of health and has lived happily with her husband, she found herself pregnant last February for the first time. No remarkable change was caused by this occurrence, and her health remained unimpaired until August last. This, however, may be true but in part. From the commencement of uterine gestation she was troubled with flatulence, and a constant sense of uneasiness, with an undue distension of the epigastric region. But believing that such symptoms were usually experienced by women in her circumstances, she thought it unnecessary to apply for medical assistance, and by the advice of a friend took frequently portions of magnesiæ sulphas et pulvis rhei, which generally afforded her temporary relief. Towards the last of August these disagreeable sensations began rather to increase ; and some time in the fore part of the present month, she found them so annoying that she was induced to resort to her family physician for advice. He gave her an anodyne tincture, informing her that in a few days he would call and abstract a quantity of blood, of which he was satisfied she had too much, and that the symptoms of her case strongly indicated the necessity of such a depletion. The tincture, like the salts, gave her but a brief respite from her sufferings. They were not, however, so severe as to prevent her from attending to her daily domestic concerns. She was more and more convinced, from the fulness of the veins and numbness of her arms and hands, which often caused her to let things fall, that the loss of blood her physician recommended was imperiously required. Many days passed away and her medical adviser did not call ; yet she did not think herself ill enough to send for him.

On the 17th inst. the sense of fulness and distress at the pit of the stomach was greatly augmented. She, notwithstanding, attended during the day to her ordinary avocations, and took as usual her regular meals. In the evening the pain and distension at the epigastrium was so severe, that with the advice of her sister she took a mild aperient, which operated kindly but without giving any relief. She then called for some *soot tea*, thinking that an emetic might relieve her. After drinking plentifully of this, she soon began to vomit freely, but this gave no mitigation of the pain. Retching and vomiting continued for an hour or two, when suddenly she became incapable of utterance, and very soon after entirely insensible. In about twenty minutes after this, I saw her for the first time. She lay in a comatose state, with a hard and full pulse, giving about 90 strokes per minute, with a clean tongue, cadaverous countenance, stertorous* breathing, almost constant spasms of the arms, and her groans expressed intense suffering. Fresh blood was discovered in her mouth; and a number of the last ejections from her stomach, the attendants assured me, were very red. This last circumstance, however, was not mentioned to me until after her death. On inquiry, I found that she was expecting to be confined in about a fortnight, and it was strongly suspected by some present that she then might be in labor. This led me to make an examination per vaginam. The os uteri was closed, and the head of the child forced up into the epigastric region. I then immediately took a pint of blood, which relieved her of the spasms, and reduced the circulation to about 75 pulsations in the minute. She became quiet, but remained to all appearance totally insensible. I applied hot stimulating applications to her feet, arms and chest, cold ones to her head, volatile alkali to her nose, and administered a strong stimulating antispasmodic infusion, with a saline enema—but all in vain. After remaining tranquil about one hour and a half, she had a violent general convulsion. I then took another small quantity of blood from her arm, and gave her an anodyne draught. Respiration became again laborious, and the spasms of the arms continued for about an hour, when they gradually left her, and after a short time, perhaps from three to five minutes, suddenly, without a struggle or a groan, she ceased to breathe. Soon after this abrupt and melancholy departure, blood flowed freely from her mouth and nose. I eagerly sought the privilege of making a post-mortem examination, to ascertain what veins were ruptured, and the precise cause of her death; but the prejudices of her husband against such a procedure would not allow him to grant my request. This, undoubtedly, will prove to the profession a source of regret; but the refusal was prompted by a feeling so sacred, that but few of the most ardent lovers of science could desire its violation. Yet every intelligent practitioner who reviews the symptoms of her case from the commencement to the termination of her difficulties, will, I think, have but one opinion, either in regard to the means that should have been employed for the relief of her complaint and the prevention of the fatal casualty, or to the proximate cause of her sudden and sorrowful exit. Respectfully yours,

Wrentham, Mass. Sept. 29th, 1835. L. W. Sherman.

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* The stertor was not like that produced by apoplexy or cerebral effusion, neither was it that which is vulgarly known by the name of *death rattle*; but it was something like stertor or a slight rattle with very laborious respiration.

Queries.—In the above case, what viscus, is it probable, was ruptured? Did the soot, independent of its active emetic property, have any agency in the destruction of life? Was the flatulence, with occasional acid eructations, and the sense of fulness in the epigastric region, which did not prevent her from taking her usual meals and attending as formerly to her daily avocations, sufficient evidence that there existed any very serious gastric affection? Could *new paint*, to which she was considerably exposed the day before her death, be the means of augmenting her difficulties? Had venesection been seasonably employed, would it have been likely to have afforded relief? Could emesis, in the surcharged state of the sanguineous system, with or without uterine contraction, be a prime cause of the rupture? If you, Mr. Editor, or some of your correspondents, will have the goodness to furnish an answer to the above interrogatories, it will at least oblige one. It may not be improper here to observe that the first ejections from the stomach, if I have been correctly informed, indicated a healthy state of that organ. The subsequent ones were probably colored with blood; though, as they were removed, I had no opportunity for examining them. It may also be added that the friends now regret that they did not allow me to satisfy my curiosity by autopsia. Yours, &c. L. W. S.

REMEDY FOR RINGWORM.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—There is found on the 418th page of the 12th Vol. of your valuable Journal, an article under the title of Ringworm, in which you say that any practical suggestions on the treatment of that disease will be "regarded with interest." I have the satisfaction of being able to inform you of a remedy that has in two cases proved a speedy cure. The remedy to which I allude is the nitras argentum (nitrate of silver, or lunar caustic).

The first instance in which I used it was that of a young man of 17 years of age, who had one on his face before, and one under and behind his ear. They had been of a year's standing, and had resisted the use of ung. hydrarg. nitrat. fortius, gunpowder and vinegar, solution of corrosive sublimate, the juice of yellow dock, &c. I wet the skin on which the ringworm was situated, and a margin of sound or rather healthy skin, with water, and then rubbed a pencil of white lunar caustic over the ringworm and adjoining skin, until it began to be discolored and the patient experienced a smarting sensation. The skin was blistered, and a speedy cure was the result. The disease did not return.

The second was that of a girl of 5 or 6 years of age, who had a ringworm on the top of her head. The caustic was applied as before, and a cure effected without any blistering in a very few days.

When I was a boy, I cured a ringworm on my face by one application of the expressed juice of the yellow dock root. But this remedy has not always proved effectual. I once cured an herpetic eruption, resembling ringworm somewhat in its appearance, on the leg of an old man, with the expressed juice of green grapes. The eruption had been of more than a year's standing, and had resisted all the remedies I could devise, until I applied the grape juice. The remedy was continued for some weeks before the cure was wholly effected. It occupied the whole leg and ancle, and was very troublesome to the patient.

Very respectfully yours. WM. A. BREWSTER, M.D.

Hampton, *Conn. October 3d*, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, OCTOBER 14, 1835.

EMPLOYMENT OF CREOSOTE.

It is impossible not to be deeply interested in the frequent reports of European practitioners on the value of this newly-discovered medicinal agent. In our own medical publications, so little is said of it, that it is fair to infer that creosote has thus far had but a limited trial in this country, or, at least, has been prescribed with so much caution, that no one feels justified in either praising or condemning it on such slight acquaintance. From the strongly expressed testimony of very eminent transatlantic physicians, we are bound to regard it in the light of a powerful addition to the catalogue of remedies, and the sooner, therefore, its value becomes known to those who may have distrusted the accounts which have occasionally been republished from foreign journals, the more fortunate will it be for them and those who seek their saving advice.

All ulcerations are reported to be speedily and favorably influenced by the creosote. It will be readily acknowledged that, under some circumstances, they are the most difficult and hopeless of all things in surgery. It were almost needless to refer to scrofulous and sanious ulcers of the female breast, or to those superficial, ragged, marginally inflamed sores on the lower limbs of aged people, as examples, which sometimes wholly bid defiance to the best conducted course of treatment ; but even these, if the principle of health remains in the system, are reputed to yield to the prophylactic virtues of the creosote. Even in certain conditions of the body, where the tendency is to the reproduction of ulcers, showing themselves in new places very soon after their suppression in others, cases of which are doubtless familiar in every one's practice, they may be subdued by its internal administration.

Were no other uses found for the creosote, than those here slightly adverted to, it would rank as a valuable medicine. Its utility, however, is not bounded by these narrow limits ; yet its sphere cannot be defined with certainty in this infancy of our knowledge upon a subject of such apparent consequence to the future comfort and restoration of the afflicted. Within a few months, by a course of judicious observations in the North London Hospital, under the superintendence of Dr. Elliotson, some additional information has been gathered with regard to its efficacy in preventing vomition. This is another invaluable property. For ages it has been a desideratum to possess the power of obliging an irritable stomach to retain medicine. The evidence produced by the experiments seems to establish the fact, beyond a doubt, that a small quantity of creosote, prepared with mucilage, most effectually controls the organ, even when the nausea and disposition to vomit are extremely urgent. In colica pictonum, and obstinate constipation, besides a variety of inflammatory affections, where severe sickness of the stomach was an accompaniment, it invariably acted favorably, by soon allaying the retching, and thus preventing the rejection of other medicines. A small quantity, commingled with whatever potion is given, is recommended as a prudent course.

Enough, it is apparent, has been advanced from the best authority, to excite our particular attention ; and it cannot appear strange, therefore, if we urge upon our professional brethren their immediate attention to a medicine which promises so much. Not only are we solicitous to have it resorted to in the class of ills in which it has the reputation of being so remedial, but we are ambitious, also, for written opinions and observations, that there may be neither misapprehension nor misunderstanding, in respect either to doses or action, amongst our medical men. Every practical remark, calculated to guide the less experienced, embracing individual views of the real advantages of its use, based upon actual observation, is no less desirable to ourselves than to all the members of our profession and to the community at large.

The circumscribed boundaries to which the materia medica has been confined, or rather recommended to be restricted, by some modern theorists, would exclude many of the most efficient and powerfully effective remedial discoveries, simply because they have not antiquity in sufficient weight to recommend them to those who only estimate the value of a drug by its longevity. There is no danger of multiplying medicines ; yet the sooner very many articles which have had a respectable rank are totally abandoned, and indigenous medicinal plants are more critically analyzed and introduced in their places, the greater will be the triumphs of the healing art in America.

INFLUENCE OF PROFESSIONAL OCCUPATIONS.

Dr. Lombard, of Geneva, has lately instituted researches into the civil registers of that city, with a view to ascertain the age and profession of the individuals whose names are therein inscribed, from 1796 to 1830, and has published the result of his labors in the "Annales d'Hygeine Publique." The number whose ages and professions have been determined with perfect exactness, is 8488. The average duration of life for the whole was 55 years ; and taking this as the mean term, he divides professions into two classes—those in which the average of life is more than 55 years, and those in which it is less. The first class comprises a list of 79 professions, amongst which are placed the physicians ; the latter, 57, and includes surgeons.

From the extensive table which the author has drawn up to illustrate this point, we select a few examples :

Number of Deaths.	Professions.	Average Age.	Number of Deaths.	Professions.	Average Age.
71	Magistrates.	68 1	41	Printers	54 3
275	Independent persons . .	65 8	77	Butchers	53 0
52	Protestant ministers . .	63 8	78	Coachmen	51 0
476	Merchants	62 0	82	Bakers	49 8
152	Goldsmiths	61 6	62	Locksmiths	47 2
1073	Watchmakers	55 3	65	Painters in varnish . . .	44 3
41	Surgeons	54 0			

This table, it will be seen, differs materially from others of a similar nature drawn up in different countries, and we are inclined to doubt whether any deductions can be drawn from such calculations, which will be of universal application. The difference between the average lives of mechanics and those at the head of the column, in the above table, is, if we are not greatly mistaken, larger than exists between such classes in the United States. The author considers a "comfortable income" a matter of the greatest importance in producing longevity—the difference between the rich and the poor being greater, in respect to the duration of life, than that between any two branches of professional or mechanical occupation. The difference between those, even, who work in the open air and those whose trade renders a sedentary life necessary, is only, according to the author's calculations, from 1 2-5 to 1 3-5 years ; while that between the liberal and industrious professions, is 4 3-5 years, and between the industrious and working classes, 2 4-5 years.

NEURALGIA OF THE UTERUS.

We have read the report of Mr. Bartleman on a case recently under his care, which yielded so readily to sulphate of quinine that the fact is of consequence, and should be treasured up as a valuable hint, inasmuch as neuralgic affections of that organ are doubtless more frequent than suspected, and often badly treated, from the simple circumstance that the true character of the disease is not suspected. One of the indications of its existence, is violent pain in the body of the uterus itself, occasionally darting down to the knees, accompanied by a slight tenderness over the region of the lower bowels, with pain also along the spine of the ilium. In the instance under consideration, Mr. B. ordered his patient to take *Sulph. Quininæ gr. iij. et Ext. Hyoscyami q. s. ft. pil.* every three hours, followed by an infusion of senna. Perhaps one of the most frequent predisposing causes of this condition of the uterine nerves, arises from partial eversions, and not, as has been intimated, from injections. Certain it is that the painful affection may also arise from extreme local debility ; but thus far, the indications of the character of the complaint have been uniformly the same, and it is hoped that the quinine may prove an unfailing specific.

Massachusetts Medical Society.—A regular meeting of the Counsellors was held at the Athenæum, in this city, on Wednesday last, the particulars of which will be given next week. Dr. R. Fowler, of Stockbridge, Berkshire county, was elected to deliver the annual discourse on the next anniversary of the Society, in place of Dr. Bugbee, of Wrentham, who has declined the honor, in consequence of a recent and severe domestic affliction.

Appeal from the Pulpit for the benefit of a public Charity.—In this republican country, whose charitable institutions cannot boast of any regal or titled patrons, but depend mainly for support upon the munificence and liberal spirit of men whose noblest titles to distinction spring from their benefactions and generous exertions to afford relief to the sufferings of their fellow creatures, it would appear somewhat indecorous, to say the least, to make an appeal from the pulpit in favor of any eleemosynary institution, however meritorious. It may not be amiss to state that the "Royal Dispensary" alluded to below, purports to be under the immediate patronage of "the King's most gracious Majesty, and his Royal Highness the Duke of Cumberland ;" and for Vice Presidents having a list of some forty dukes, most noble and right honorables, and others of lower rank, with a sprinkling of church dignitaries and a few titled professional men. This *nobly* patronized institution, we are informed by a Report published by authority (of which we propose at some future time to present a more extended notice), is conducted by the Director and Surgeon, J. H. Curtis, Esq. M. R. I. Aurist to his Majesty. While on the subject of the appointment of boards of trustees or managers of public charities, we cannot refrain from expressing a wish, not of recent origin, that some portion of such boards might consist of medical men, the best, if not the only judges of the professional merits of their brethren and compeers.

But to return to the subject which has elicited these remarks, to wit :—"On Sunday morning a sermon was preached at St. George's, Hanover Square, by the Bishop of Bath and Wells, for the benefit of the Royal Dispensary for Diseases of the Ear and the Deaf and Dumb, Dean St., Soho Square. His Lordship stated that, since the establishment of the institution in 1816, upwards of 9,630 patients, afflicted with deafness and other diseases of the ear, had been cured or relieved, including several cases of deaf and dumb. The Rev. Prelate remarked, that though nature rarely errs in the perfection of her works, and that it is only in a few insular cases that a real structural deficiency in the organ of hearing exists, yet it is a remarkable fact, and indicative of the almost total neglect with which diseases of the ear have in general been treated, that in Europe alone there are upwards of 137,000 persons deaf and dumb ; so that here is an additional evidence of the need there was for such an institution, and of the misery it may in future be the means of averting. After the sermon several children born deaf and dumb, who had obtained their hearing and speech at the Dispensary, attended in the vestry ; among whom were two boys sent by order of the King ; also, a young woman likewise born deaf and dumb, who readily answered every question put to her by the Bishop and others."

Sheet Lead as a Dressing for Wounds.—Reference is made in the medical periodicals to this mode of dressing ulcers and other wounds, for the purpose of promoting cicatrization. It was first proposed by M. Réveillé-Parise, and has been employed successfully by him and others. It is confined by a compress and bandage, or by strips of adhesive plaster. Its operation is intended to be purely mechanical, and it is said to be more simple, expeditious and comfortable than any other dressing.

New Remedy for Hypochondria.—In the materia medica of Hahnemann, Vol. I., page 315, he advises the *decillionth dilution of musk !* A sugar pellet the size of a mustard seed, moistened with the decillionth dilution of common table salt—or, as it would necessarily be expressed in figures, 1-000000000000000000000000000000000000000000000000000000000000th part of a grain—communicates its medicinal virtues to the surrounding atmosphere, so that by the olfactory apparatus, diseases are subdued homœopathically !

Died—In Gorham, Me. Jeremiah Barker, M.D. aged 81.

Whole number of deaths in Boston for the week ending Oct. 10, 40. Males, 23—Females, 17.

Of measles, 9—cholera infantum, 3—scarlet fever, 2—consumption. 5—infantile, 6—throat distemper, 2—delirium tremens, 2—cholera morbus, 1—croup, 2—mortification, 1—ulcer, 1—typhous fever, 1—inflammation of the bowels, 1—paralysis, 1—dropsy of the brain, 1—lung fever, 1—cramp in the stomach, 1.

ADVERTISEMENTS.

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of Medical Instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive Clinical Lectures on the cases which they witness there.

Instruction, by examination or lectures, will be given in the intervals of the Public Lectures of the University.

On Midwifery, and the Diseases of Women and Children, and on Chemistry	By Dr. Channing.
On Physiology, Pathology, Therapeutics, and Materia Medica	By Dr. Ware.
On the Principles and Practice of Surgery	By Dr. Otis.
On Anatomy, Human and Comparative	By Dr. Lewis.

For the greater accommodation of the Class, a room is provided in the house of one of the instructers, having in it a large library, and furnished with lights and fuel, without charge to the students.

The Fees will be, for one year, $100. Six months, $50. Three months, $25.

The Fees are to be paid in advance. No credit will be given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston. 6m.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr

Boston, April 1, 1835.

AN EXCELLENT CHANCE FOR A PHYSICIAN.

A Physician in one of the western counties of New Hampshire offers to sell his stand, situated in a pleasant and flourishing village, and no other physician within five miles. For further particulars, inquire of the Editor of this Journal, or of Dr. Richards, of Claremont, N. H. Oct 7

MEDICAL AND SURGICAL EDUCATION.

The subscriber continues to receive medical pupils at the United States Marine Hospital, Chelsea, and to offer them the following advantages.

The institution at present contains seventy beds: all of which are occupied during the autumn and winter by the subjects, both of medical and surgical treatment. The number of patients in the spring and summer is rather less. The average number daily, throughout the last year, was between fifty-five and sixty. The number is annually increasing. A greater variety of disease is thus presented, than is to be found in those hospitals exclusively appropriated to the poor of any city.

The students have unrestrained access to these cases during all hours: as also to the extensive apothecary shop connected with the establishment.

A valuable medical library is offered for their use.

Facilities for the cultivation of demonstrative anatomy, are afforded through the winter.

The students are provided with a suitable apartment in the hospital, which is furnished with fuel and lights, without charge.

Fees, $50 a year.

Board may be procured in the vicinity of the hospital, at from $2,50 to $3,00 per week.

Boston, April 21, 1835. (April 29.—tf.) C. H. STEDMAN.

A STAND FOR A PHYSICIAN.

A physician in the State of Maine, in a pleasantly situated, small, flourishing village, about 25 miles from Portland, wishes to dispose of his stand. Being a very eligible stand, and affording abundant practice, it offers a good opportunity for a physician to establish himself. For further particulars, apply to the Editor of the Journal; if by mail, post-paid. Sept 23—3m

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WASHINGTON MEDICAL COLLEGE OF BALTIMORE.

The Annual course of Lectures in this Institution will commence on the last Monday of October.

James H. Miller, M.D. Professor of Anatomy, Physiology and Pathology.
Samuel K. Jennings, MD. Prof. Materia Medica, Therapeutics, Hygiene, and Medical Jurisprudence
William W. Handy, MD. Professor Obstetrics and the Diseases of Women and Children.
John C. S Moukur, MD. Professor Theory and Practice of Medicine.
John P. Mettauer, MD. Professor Surgery and Surgical Anatomy.
Edward Foreman, MD. Lecturer on Chemistry, &c.
Washington R. Handy, M.D. Demonstrator of Anatomy. This department will be open from the 1st of October. Sept 16—3t

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. '. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price $3,00 a year in advance, $3,50 after three months, and $4,00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

THE
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VOL. XIII.] Wednesday, October 21, 1835. [NO. 11.

ON THE EFFECTS OF MALE FERN BUDS, IN CASES OF WORMS.

BY JOHN FOSBROKE, M.D. PHYSICIAN TO THE ROSS INFIRMARY.

The more certain remedies generally used for worms are so disgusting, that many adults and children cannot get over the loathing of them. They dislike the tin, because it produces a belching of gas, like sulphuretted hydrogen ; the cowhage, because it "sticks in their throats, and all the way down ;" and the turpentine, because its flavor is "quite hateful," and its effect not an exhilarating, but a crying drunkenness.

These objections prompted me to look about for a more agreeable remedy than either of them, and of equal efficacy. Dr. Peschier, of Geneva, asserts that he has cured 150 cases of lumbrici, tricocephales, and teniæ, in nine months, with the ETHEREAL TINCTURE OF MALE FERN BUDS (*polypodium filix mas*), in doses varying from viij. to xxx. gtt., in as many pills as there are drops. His brother, an apothecary at Geneva, and the discoverer of this "tincture" or "oil," gives it in thirty to thirty-six drop doses, in syrup or castor oil, or in pills, one half at night, and the other on the following morning ; and, two hours after the morning dose, ʒij. Ol. Ricini. This quantity is usually sufficient to expel the worms. I have given it on a lump of sugar, and no child has hitherto revolted against it. It has had three results ; either it has killed or *burst* the worms, or it has urged them from the bowels alive, or it has had no effect at all. My worm cases as yet have been too few to develope its powers, and the preparation used was made of dried stalks and buds obtained from Covent-garden market, and not worth relying on. An herb-gatherer from the Forest of Dean brought me about a peck last month, the tops or buds of which have been snipped off, and, after drying by insolation, put into a quart of ether. This person, an intelligent sort of woman, informs me that her grandmother, Sarah Boughton, in my father's parish of Ruardean, who died, aged seventy-five years, about twelve years ago, and was what the country venerate under the name of a "yarb woman," was wont to gather the male fern buds, and let them wither, and then dry them in an oven and reduce them to powder, which she gave to children for worms. Her grand-daughter also bruises the stems (the redder the better), boils them to a thread in fresh liquor, and so makes an ointment, with which, she says, she scatters gathering breasts with great success. In this part of the country, fern is boiled and given as food to pigs.

Madame Noyau, or Noyer, raked up the powder of the root from the tombs of the ancients, and procured a reward for it from the French government as *her* specific, forsooth ! This woman, like a great many other people who pretend to have discovered what was very well known before, had the fame of having brought it into notice—I apprehend, from the good luck of being about great people and the court.

Nicholas Culpeper, who lived long before her (from 1616 to 1653), but was not quite so conspicuously situated, anticipated her in all she knew of it in cases of teniæ, for he distinctly says, "It kills both *flat* and *round* worms." William Salmon (1684) says, "It kills *long flat* worms, drunk in mead with gr. x. of scammony, and so it expels the dead child, and helps obstruction of the spleen." *New London Dispensatory*, 1676, pp. 56–7). In his splendid folio Herbal (1710) he directs ʒj. of the powder of the male fern to be given with gr. xv. of scammony in black hellebore. Whether old Gerard, who wrote in Elizabeth's reign, and whose placid discourse savors of "the sweet and pleasant flowers" which he describes, anticipates these qualities of the fern, I am not aware.

The female fern has the same properties as the male, but is weaker. I have not entered all my worm-cases in the case-book; some, however, are preserved.

On March 29, 1834, the four children of Thomas Preece, of Brampton Abbots, were ordered to take eight pills twice a day, each pill consisting of a bitter extract, and containing gtt. j. of the ethereal tincture of male fern buds. The worms came away dead and "bursted" from all of the children, who then took a purge of salts and senna, and, on April 5th, another round of the fern-drop pills. On May 7th the mother told me they were free from all symptoms and appearances of worms, and they were directed to take a teaspoonful of common salt in water once a week to remove the disposition to them.

On the 24th March, 1835, Mary Nelms brought her two children to me for worms. I ordered them to take gtt. x. of the ethereal tincture of fern buds three times a day on a lump of sugar, and a x. gr. purge of scammony, gamboge, jalap, and calomel, every third morning. One of the children after taking the drops voided six worms, one after another, alive; the other a still greater number.

On the 9th of March preceding, Joseph (æt. 2) and Mary Jackson (æt. 5), George Meredith (æt. 9), and Elizabeth (æt. 2½), took the same remedies, and passed quantities of thread-worms (*cucurbitina*), after taking the powders, alive. I then ordered them to take muriatic acid.

Ann Mansell came to me on the 14th of April last, with three children,—Marianne (æt. 5), Esther (æt. 2½), Joseph (æt. six months): she had "seen worms full of young ones" come from the first two. I ordered them the preceding remedies, but they passed nothing except slimy mucus, which frequently exists without worms, and is attended with the same symptoms.

On the 7th of May, Charlotte Meredith brought her two children again; a boy æt. 4, and a sucking infant. The last had passed worms *while at the breast*. The fern-bud tincture was given till the 4th of June without effect, and I then ordered calomel to be taken at night, and scammony and jalap in the morning, which removed them. She thought she had given the tincture in a wrong manner, as it had fully succeeded with Jackson's children under the same roof. Both these families lived in a situation where they were constantly subject to worms.

It is not known, I believe, that iodine will kill worms. Thomas Greenaway, æt. 23, affected with phthisis and pyrosis, of which he ultimately died, inhaled Sir C. Scudamore's combination of iodine (a remedy from which no consumptive patient under my care has received the slightest benefit, but, if anything, rather harm), upon which he passed white worms an inch long, with flat heads (*cucurbitina?*). I gave him—R. Sp. Tereb. Rect. ℥j. ; Ol. Ricini ℥ss. ; Liq. Opii Sed. gtt. vj. M., ft. haustus. It brought away upwards and downwards the *debris* of at least fifty dead worms of three sorts, all of which appeared to have been killed from the time he inhaled the iodine. He lost a dreadful gnawing of the stomach, which had been ascribed to gastrodynia, and upon which the old writers laid so much stress as a characteristic symptom of worms in occult cases attended with convulsions.

The gipsies put a branch of French holly (variegated garden holly), with the leaves and thorn at the end, into an oven and dry the leaves, and then reduce them to powder, of which they give as much as will lie on a sixpence five or six times, and report it to be a sure vermifuge.

The foresters of Dean give the bear's foot (*helleborus fœtidus*) in a sufficient dose of the dried leaves to cover a sixpence. It was recommended by Schroder and other old writers, and is mentioned by some moderns as "possessing extraordinary anthelmintic powers," but it is violent and dangerous, according to the former, to "gross bodies," and to all except "strong bodies." Gunpowder in gin (ʒj. to ℥j.), is considered a popular and effective anthelmintic, in some counties, particularly, I believe, in Cornwall.

The extract of esula or sponge was the general worm-remedy of the old physicians, who ascribe great cures to it. The drastic purgatives are commonly used in the country by medical men, but are very uncertain; they serve to remove the mucus in which the worms exist, and expose them to the action of more direct anthelmintics.

What are the causes of invermination?

Herefordshire is quite a worm country, among the laboring classes, on the hilly parts in this neighborhood, though they have places of their own, tenements and gardens, and some orcharding or arable, taken out of the waste, and are nothing like so ill fed, clothed, and employed, as their own order in many other counties; they are rather, generally, a relic of the almost extinct race of English peasantry. But there are very few of their children that are not possessed of worms, putting one in mind of Swift's lines :—

> "Whatever we do, whatever we see,
> All mankind are worms."

The worms come alive at the same time, in many cases, from the mouths and ani of grown persons and children, which happens, according to Dr. Robert Dyer, among the blacks in the Mauritius. Professors and authors ascribe them to bad air, bad food, want of sun, vegetables covered with larvæ, and bad water containing the small germs of them (*Professor Elliotson*), and invisible ovula floating in the atmosphere, obtaining admission into the alimentary tubes of persons, chiefly children and sickly adults, whose animal fluids are in such a state as to form a proper medium for their growth and increase. (*Anon.*) Many persons, on going to particular parts, have suddenly been subject to worms, just like other people in that particular neighborhood. Persons who have drunk bad water, have frequently from that time most decidedly had worms. In a particular family the whole, as well as the servants who came, had ascarides. They were discovered in a well, from which the people drew their water, and went away on the people ceasing to drink the water. (*Dublin Transactions*, Vol. II.) Drs. Thompson and Rickets gave the case of a young woman in Ireland, " who drank water from the graves of pious clergymen ! " This idiot, by way of a blessing upon holy-water drinking, threw up 700 larvæ of the common beetle and of diphtherous insects, and, in the course of a year and a half, 1300 more ! The larvæ of cheese and game, called hoppers, and of the pantry fly and beetle, may be introduced and flourish in debilitated stomachs and bowels. (*Good.*) Preece's wife, whose children's cases I have mentioned, told me, that for want of any other water they were obliged to drink brook water, which, after a time, was covered with floating appearances, to which she attributed the generation of worms in her children. But if they were taken in with the water, how did it come to pass that she had a child *at the breast* so full of worms that they crawled alive out of the mouth and anus, as if the child were eaten up by them ? The irritation and convulsions which ensued were fatal. How could this child, nourished with breast milk, or with pap made with boiled water, so derive them ; or how does it happen, if water be the chief cause, that worms are quite as common where the water certainly is not blameworthy ? If children at the breast have worms, the saying of John Wesley, who collected into his " Primitive Physic " all the old women's sayings and " *desper't* good *receipts* " in the country, that " worms are never found in children that live wholly on milk," is not true. Bad diet, the eating of trashy fruit and vegetables, the lying about of filth and decayed animal and vegetable matter covered with larvæ, faulty nutrition, vitiated secretions of the mucous membrane of the stomach and intestines, and peculiar states of health, in which, nevertheless, ruddy cheeks and animal vigor may not be wanting, certainly predispose to worms ; but still the question, " Whence come they, and how do they get there ? " is not solved.—*Lancet.*

ON THE CAUSES OF SPONTANEOUS HUMAN COMBUSTION.

FROM AN ESSAY BY JAMES OVERTON, M.D. OF NASHVILLE, TENNESSEE.

[Concluded from page 154.]

By what means, then, it may be here repeated, are we enabled to account for the extreme combustibility of the living body, which is present in cases when it is the subject of spontaneous combustion ? This state is said, in general terms, to be the effect of an asthenic state of the organism ; which condition may be the product of very numerous and different causes, as old age, protracted disease, sedentary and other debilitating habits, and any excesses in modes of living calculated to enervate and enfeeble the constitution of the subject. The abusive use of strong drinks, and especially of brandy, on the continent of Europe, is known to produce great debility of the system, and particularly of those vessels which are termed absorbents. This condition in certain cases seems to be competent to give rise to a mass of inflammable material, and which seems capable of accumulation in different portions of the system in greater or less abundance, in conformity with its diversity of structure in its different parts. It is argued that a material thus characterized, must of necessity possess the property of penetrating easily through the cells of the cellular membrane, which is everywhere distributed in greater or less abundance through the substance of the organism. This membrane is modified in its aspect and functions in different localities, by the property of greater or less density, in accordance with the peculiar collocation of its fibres in the individual portion of the body which may become the object of any particular observation. In some parts, it is more dense and impervious ; in others, its structure is loose and reticulated, affording in such cases an easy transit of fluids through its substance from cell to cell, of which its structure is apparently only a continued series. The combustible material above alluded to, and which is supposed to be accumulated in the cellular tissue, should also possess the quality of retaining its own combustibility even when in contact with liquid substances ; otherwise its efficient properties in the present instance would be destroyed as fast as it was produced, by the fluids of the body, with which it would be placed in contact. The material, therefore, in this instance, which is competent to render the whole body imminently combustible, must, in addition to other qualities, possess the property of preserving its own combustibility when placed in protracted and intimate contact with fluid bodies.

There are no known bodies in which these apparently indispensable conditions unite in so high a degree as in the inflammable gases ; and it is believed that, without the admission of the agency of these, it will be utterly impossible to furnish anything like a satisfactory explanation of the phenomenon of spontaneous combustion. To render the human body then combustible, it appears to be indispensable that we should admit also the accumulation of inflammable gas in the cellular tissue of the body, after the mode in which lymph is accumulated in the same membrane, in persons affected with the disease of anasarca. It is not, however, necessary that we should assume as pre-existent, the whole quantity of this gas needful for the entire incineration of the body ; an effect which is sometimes, nay frequently, the product of these accidents. The process of combustion having once been set up through the instrumentality of the causes which have been noticed, we may reasonably suppose that it might be continued, through the agency of other gaseous materials, the product of the combustion of different portions of the body charged with the inflammable gas, and which had primarily contributed to render it combustible.

It is objected, however, to this explanation of the combustibility of the body, that upon the supposition of its truth, there must have existed in all persons who have been the subject of its attack, a general emphysematous state of the body ; which state, though sometimes present, is by much too rare an occurrence to justify the very important roll assigned to inflammable gas, in the above theory of spontaneous combustion.

The supposition, however, already stated, viz. that the entire quantity of inflammable gas present in the incipiency of most instances of this process, has been incompetent to its completion, but sufficient only for its inception, whilst that additional quantities are produced during its progress, is calculated to evade the force of this objection, and to maintain the theory unhurt by the discredit which this objection was intended to produce. Hydrogen gas is one of the principal elements of the animal living body. Its presence is abundantly disclosed by unquestionable phenomena during life as well as death; and it is submissive, during this association, to the most varied combinations with carbon, sulphur and phosphorus. Notwithstanding the general admission of this principle which has obtained, it has been thought not unnecessary to detail a few special instances confirmatory of this belief of its frequent existence, and calculated to bring it into closer connection with the particular subject of spontaneous combustion. Among these may be mentioned the case of Morton, who saw a flame to emanate from under the skin of a hog, at the instant of making an incision through it. The animal was dead at the time of making the observation.

Ruysh having introduced a hollow bougie into the stomach of a female subject, whose abdominal cavity had just been opened, observed a vapor to spout out through the tube, and which took fire as it came into contact with the surrounding atmosphere. He remarked a similar fact in the examination of another female, who for the last four days preceding her death, had taken no kind of nourishment—and in other observations which he made, this gas generated in the stomach, and brought into contact with the atmospheric air, was observed to take fire without the intervention of any other body in a state of ignition. Such among many others is the case reported to have occurred near Neufchatel in France, and detailed in the memoirs of the Royal Academy of Sciences of Paris for the year 1751. A butcher opened a beef which had been some time diseased and was very much swollen; at this moment an explosion took place, and there issued from the maw of the animal, a flame which rose to the height of more than five feet, wounded the butcher as well as a little girl who happened to be near him, continued to blaze for several minutes, and diffused around a highly offensive odor. The production of hydrogen gas, also, in some of the cavities of the body during life, is a fact too notorious to be the subject of question or doubt. It is known to take place daily in the intestinal canal; and instances, such as have been cited above, are by no means rare in the annals of medicine. Many writers speak of burning eructations. They appear to have occurred most frequently in northern latitudes; when after an abusive use of ardent spirit, the inebriate has suddenly exposed himself to the impression of a cold and dry atmosphere. Not many years ago an instance of this latter character was published in the National Gazette of Bohemia. It occurred in the person of a shepherd, who died in the presence of many witnesses to the catastrophe, in consequence of a burning eructation, and which no means were competent to extinguish. In these cases of inflammable eructations it is supposed, with much plausibility, that the decomposition of alcohol and of animal substances which were present in the stomach, had formed in this cavity phosphoreted hydrogen gas, which, being spontaneously combustible, has taken fire when expelled and placed in contact with the common air of the atmosphere. In these cases, the inflammation has been confined to the air expelled by eructation, and has not extended to other parts of the body, because its cause was evidently local and had not diffused itself to the organism generally.

Of the combustibility of the body, none, it is presumed, will any longer doubt ; of the *quo mode* of the production of this strange condition of the living organism, none have as yet supplied us with a desirable explanation. The explication, however, has been attempted, and seems plausible enough. It consists in the assumption of the existence of the matter of hydrogen gas, diffused in greater or less quantities through the body, according to the structure of its different parts, and transmitted by the agency of the cellular membrane. Whether this gas is formed in the stomach and alimentary canal, and subsequently transported to the cellular tissue by the absorbents or other vessels, or be primarily formed in the vesicles of this tissue, by an action peculiar to its own functions, we are furnished with no information which enables us to decide. The fact as before stated, is assumed in the absence of such evidence as could be esteemed competent for the perfect establishment of its truth ; and rests apparently upon the considerations that hydrogen gas does manifestly exist, and that to a considerable extent in other parts of the body ; and that without the supposition of its presence and agency in the cellular tissues of the body, it will be impossible to account for the phenomena which are frequently presented in spontaneous combustion. It is argued, however, that because we are obliged by the force of competent testimony to admit the development and accumulation of hydrogen gas in other parts of the body, it would require no unreasonable credulity to believe in a similar development and accumulation in the cellular tissue, more or less abundant in different localities, according to the greater or less laxity of this membrane in the different portions of the body ; and that as a corollary from this admission, the softer parts of the body as a necessary consequence would be much subject to those gaseous accumulations—as the trunk of the body, which from the greater laxity of its cellular tissue seems specially liable to these accumulations. The generation then of an inflammable gas, and its general diffusion through the cellular tissue of the body, seems to be a condition of the living system, necessary for the production of that state which renders it combustible.

But supposing the foregoing etiology of the disease to be made out with entire satisfaction, by the facts and arguments which have been submitted, there still hangs over this obscure subject, difficulties which claim to be removed, before we can justly pretend to have arrived at anything like a perfect apprehension of its character. For, even in conditions of the body such as have been assumed, having its cellular tissue thoroughly imbued with the matter of inflammable gas, and hence imminently combustible, or, in simpler terms, easily set on fire by the intervention of an ignited body, yet " spontaneous combustion " could not under such circumstances take place, except in the single case in which phosphoreted hydrogen, the only spontaneous combustible gas shown to be generated in the living body, should be the material collected in the tissues of the system. In the case last supposed, we cannot hesitate to believe that "spontaneous combustion" would occur, as soon as this gas escaping from the cells of the body should find itself in contact with the common atmosphere; and thus would exhibit most of the phenomena, and possibly an important illustration of the causes of spontaneous animal combustion.

For the purpose therefore of affording a reasonable explication of the accident, in conformity with the supposition of the presence and diffusion of the matter of hydrogen gas, it is apparently indispensable that we should account for the production of an ignited spark, by the agency of the living body, from causes intrinsic of itself, or by other causes immediately, but usually in harmless contact with its surface. This has been attempted to be done, and has been accomplished with much plausibility, through the agency of electricity, at the least in some instances. For, cases of this accident are on record, in which the circumstances of the sufferer have been clearly ascertained to have been inconsistent with the possible agency of any cause of ignition, other than such as may have been derived from the surrounding atmosphere.

By the comparison of these and other facts of a similar nature, with the phenomena of the accident as it occurred in the persons of Father Bertholi, and of our own townsman, we are strongly induced to assign to electricity a very important roll among the productive agents of spontaneous combustion. We shall indeed be induced to look upon this material as probably the most frequent exciting cause of these accidents; and without whose presence and agency most if not all of them could not have occurred. Are we competent to show in what manner this electric spark is produced by the agency of the living organism? Upon the hypothesis stated, this will be an indispensable requisition, in order to account for the commencement of the combustion, in materials not spontaneously combustible. To this inquiry it may be answered that the ideo-electric character of many animals, is a fact which is too notorious to admit of denial. It is equally true, though somewhat less the object of common observation, that this ideo-electric power is possessed in a high degree by many individuals of our own species. Of the entire truth of this assertion we are not permitted to entertain the least doubt. Testimony is abundant, and unanswerably conclusive in support of its authenticity. The celebrated traveller Brydone, made experiments upon a female, who possessed this ideo-electric property in so high a degree, that brilliant electric sparks glistened upon her hair, whenever she combed her head. Brydone even succeeded in charging a Leyden phial with these electric particles, and ignited spirit of wine with the sparks drawn from the same source. The weather was freezing during the time of the performance of these experiments; and in this respect, similar to the character of the atmosphere which is present at the time of the occurrence of most cases of spontaneous human combustion. A similar ideo-elective power is said to be possessed by an eminent statesman of our own country, Mr. Dayton, of New Jersey, and that this property was upon one occasion particularly manifest, whilst attending to his official duties at the city of Washington. In taking off his stockings, which were composed of silk and wool, at bed-time, brilliant electric sparks were strikingly apparent upon the whole surface of his leg. Had the state of the organism favored its development, "spontaneous combustion" would upon the present occasion have been established. The exciting cause was present and in great activity, and failed to induce the catastrophe, only because of the absence of the requisite predisposition, which intemperance and other causes of debility are known to engender. The cases which have been stated, together with such as have fallen within the observation of most persons, might be competent for the ample establishment of the existence of this ideo-electric property in the human species. The fact, however, rests upon broader foundations; and the books of medicine, ancient as well as modern, may be referred to, as furnishing abundant and well-attested instances of a similar nature. The accumulation of the inflammable gases in the bodies of the victims of spontaneous combustion, is supposed also to augment this ideo-electric property; and the temporary or accidental application of warmth in cold atmospheres, has been esteemed favorable to the explosion of the igniting spark. It is in this way that the proximity of fire or a lighted candle has been thought in some instances to have aided in the production of the spontaneous combustion of the human body. In other cases upon the same principle, a similar aptitude for the development of this accident has been attributed to the effect of exercise, capable of elevating the natural standard of animal heat; or to any other cause, such as friction by electrics on the surface of the skin, favoring the production of an electric spark, in persons possessing ideo-electric properties.

The electric spark excited in the foregoing manner, pervades with astonishing rapidity the whole body of an individual, impregnated as it were in all its parts by the material of combustion; and this material becoming ignited at all points almost at the same instant, is so constituted that it will not be extinguished by the aqueous portions of the body, in consequence of the little chemical affinity which exists between their elements. The combustion has consequently, in the greater number of cases, been produced with such rapid and unchecked activity, that the unfortunate victims of its infliction have not been afforded the time to call assistance for their relief. The flame, as has been proved by the observation of others in some few cases, has in the first instance swept rapidly over the external surface of the body; its inception being confined to this exterior locality, because here alone its material could be in contact with the common air, an element essential to the existence of the process. From this beginning the combustion has been rapidly propagated in the manner heretofore attempted to be explained, to the more deep-seated portions of the organism, indeed to the entire substance of the body. The process, however, which we have just stated, is not in every instance of this general character. In some instances it appears to be restricted to portions of the body of less or greater extent, and gives origin to those cases of partial spontaneous combustion, a few of which have been detailed in this essay, as meriting particular notice.

I have thus, gentlemen, attempted to submit for your consideration, some account of the phenomena, causes and character of "spontaneous human combustion." The subject is one of great obscurity, and of comparatively very unfrequent occurrence ; and consequently has not received the close, repeated and critical examination from the profession, which has been bestowed upon many other objects of medical inquiry. The explication of its phenomena which has been tendered, though subject doubtless to many objections, appears however to be the most plausible of any which is afforded by the present state of our knowledge.

DENTAL SURGERY.

[A RESOLUTION was laid before the Counsellors of the Mass. Medical Society in May last, which had for its object an elevation of the practising dentist, to all the privileges and immunities of the practitioner of medicine—making mechanical skill in a particular department of surgery, equal to the acquisition of abstract science. The adoption of the resolution would, in fact, have been the declaration of a learned body of savans, that a knowledge of dentistry, alone, was equal to the sum of all that pertains to the healing art. The report of the committee is excellent, being both respectful and judicious, and we heartily commend its perusal to the advocates of order and method in the arrangement of useful knowledge.—ED.]

The Committee to whom were referred, at the meeting of the Counsellors in May, 1835, several resolutions relative to dental surgery, have had the same under consideration, and respectfully submit the following report.

The object of these resolutions is to require that the medical practitioners, heretofore called dentists and surgeon-dentists, be regarded in the same light as physicians and surgeons in the common acceptation of these terms ; and that, accordingly, the By-Law of the Society forbidding consultation with irregular practitioners as described in the same, be considered as applicable to dentists or surgeon-dentists.

Your Committee approve the object of these resolutions as above stated ; but some other things are also embraced in them. Without a direct reference to them, the Committee will offer such observations as will explain their own views, and then propose a measure to be adopted.

The business of the dentist is partly mechanical, such as extracting teeth, filling cavities in them caused by caries, and making and fixing in the mouth artificial teeth. These offices may be performed as directed by a physician, or at the will of the patient, who takes the responsibility on himself. But it is obviously convenient that the dentist should himself understand the physiology and pathology of the teeth, so that he may be able to advise the patient as to these operations, and as to all other matters connected with the teeth ; as well as that he may successfully study the treatment adapted to the diseases of these important organs. Yet as the teeth, although differing from other organs in very important points, are subject in some measure to the same laws as other organs in the animal body, and are intimately connected with them, the dentist cannot well understand their diseases without an acquaintance with the science of medicine generally. It is then to be desired that this branch of surgery, called dental, should be conducted by those only who are prepared by education to practise any branch of the healing art. It is however very doubtful whether any advantage would arise from creating or recognizing a separate branch of the medical profession under the name of dental surgery. There might be as much reason for having branches for the distinct arts of the oculist and the aurist ; and perhaps for that of the lithotomist, &c. &c. It has been the policy of modern times to prevent this formal sub-division of the medical profession, and this has been true as respects our own country. It has been thought best that the education during pupilage should be the same for the physician and surgeon, and this is perhaps the universal practice in the United States. On entering into professional life, individuals give their attention to all the branches of the healing art, or devote themselves to one more or less exclusively ; but the distinction thus created is not formrlly acknowledged by our public bodies. It is true that this Society may give a license to practise either physic, or surgery, or both, to the candidates who apply to them ; but the custom has been, almost if not quite without an exception, to give a license to practise both. In Europe the inconveniences of a different course are much complained of, so that enlightened men in Great Britain, at the present day, are anxious to adopt a course similar to ours. It does not then seem wise to designate a class of medical men as dentists, whether by requiring that they go through a specific education, or by imposing upon them peculiar obligations, or by conferring on them peculiar privileges. Let it be left to individuals, who devote themselves to particular branches of the profession, to satisfy the public of their particular qualifications, as has been done heretofore.

There now recurs the question whether a fellow of this Society can or ought to consult with, aid or abet a dentist, if he is not a fellow of the Society, or has not a right to claim admittance as a fellow into the same.

The practice certainly has been, ever since the adoption in 1804 of the By-Law respecting consultations, to allow such consultation and aid. This practice arose, no doubt, under the belief that the dentists confined themselves principally to the mechanical part of their business. When that By-Law was passed, very few persons in the Commonwealth were devoted to dentistry, probably not six ; and of those, such as were well known, were both ingenious and respectable men. At that time neither the physiology nor the pathology of the teeth had been much studied by medical men among us ; although Hunter's invaluable work had been published in the last century, it had not become known to many of our physicians, and still less had the subject been studied under the lights shed on it at the present day. In point of fact, the medical men who composed this Society in 1804 were probably aware that the few dentists in our State were better qualified than themselves, and, even, better than many of them wished to be, for the mechanical department of dental surgery ; and, without any formal act, it was settled by silent consent that the By-Law as to consultations should not be applied to dentists. This practical interpretation of the law through so many years must be regarded as settling the question, until some new law or ordinance is passed in regard to it. Since the period above referred to (1804), dental surgery has been studied and pursued more scientifically than previously, and by gentlemen of regular medical education. It would seem that the community must have derived palpable benefits from these scientific dentists, since the number of gentlemen among us, occupied almost exclusively as such, has greatly increased, and it is understood that they have been well supported. It is now a different question from what it would have been thirty years ago, whether the fellows of this Society should countenance any one entering this branch of the profession. The decision on this question should be made by a regard to the welfare of the community. If the fellows of this Society have any interest in the question, separate from that of the community, it ought not to influence the decision. The By-Law respecting consultations was adopted, and can be justified, on no other grounds.

From what has been stated it appears to the Committee that the welfare of the community would now be promoted by such measures as should tend to confine the practice of dentistry to regularly educated physicians, but not by a formal recognition of its practitioners as a distinct class of the profession ; and as the subject has not been thus regarded heretofore, that some distinct act is necessary to establish the principle proposed. In adopting this act, however, it seems proper that the same regard be paid to those actually engaged in the dental practice, as was paid to general practitioners when the By-Law of 1804 in regard to consultations was adopted. The act proposed should not be made retrospective. Let those dentists, already engaged in practice, be recognized or not according to their personal characters and merits. By this provision we shall guard against injustice toward respectable individuals, whose experience may have enabled them to render very useful services to the suffering, although they may not be adequate to the treatment of all the diseases of the teeth, and who, moreover, have in fact been encouraged to enter on their business by the countenance of the fellows of this Society.

In conformity with the views here presented, the Committee propose the following as a substitute for the resolutions referred to them ; so that, if the same be approved by the Counsellors, it may be duly brought forward at the next annual meeting of the Society, and be recommended to its fellows to be passed as a By-Law.

" From and after this annual meeting (1836), persons entering on the practice of dental surgery shall be regarded like other practitioners of medicine or surgery, so that the eighth By-Law shall be applied to them ; provided, however, that the same shall not be applied to those persons who are already known as dentists."

All which is respectfully submitted.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 21, 1835.

MASSACHUSETTS MEDICAL SOCIETY.

A STATED meeting of the Counsellors was held at the Athenæum on Wednesday, Oct. 7th, at eleven o'clock, A. M. There appeared to be a very good representation of the interests of the Society from adjacent counties, at a seasonable hour for the commencement of business. Dr. Warren, the President, having taken the chair, and the records of the last meeting having been read by the Recording Secretary, Dr. Homans, the Corresponding Secretary announced the names of the following gentlemen who have been admitted fellows of the Society, since May—viz.—Willard Parker, M.D. Pittsfield; John H. Gushee, M.D. Raynham; Francis Clark, M.D. Andover; William F. Perry, M.D. Mansfield; Ezra Stephenson, M.D. Barnstable; and Lewis G. Glover, M.D. Boston. He further presented a letter from Dr. Bugbee, of Wrentham, declining the honor of giving the next anniversary discourse, referred to in last week's Journal; the Counsellors, therefore, by ballot, elected Dr. Fowler, of Stockbridge, in his stead, whose acceptance has not yet been received. An abstract of a very able and lucid report upon the subject of the claims of surgeon-dentists, to an equality of professional standing with physicians and surgeons, which may be found on another page, was then read. Dr. Hale, chairman of the Committee of Publication, reported that the second volume of Copland's Dictionary was in progress, but not yet ready for delivery. It was voted that the Committee be instructed to proceed in procuring the second and third volumes of this valuable work, for the Society, at any time within the ensuing year, in the same manner as the first volume, it being understood that the third may possibly be completed by the ensuing anniversary.

Dr. Ware, chairman of the Committee on intermittent fever, remarked that no returns had yet been made in answer to the circulars addressed to the fellows, requesting information upon the subject of inquiry, and therefore asked leave to sit again, which was granted.

Voted, that the thanks of the Counsellors be presented to the Provincial Medical and Surgical Association of Great Britain, for the donation of two volumes, published under its auspices, represented by Dr. Channing to be exceedingly valuable—and the Corresponding Secretary was directed to forward, in acknowledgment of the compliment, the original publications of this Society.

A protracted discussion ensued in relation to the manner of awarding the Society's premium of five hundred dollars for the best sample of not less than a thousand leeches, from a foreign stock, bred in this Commonwealth, within the period of seven years. We were not only excessively weary of the subject, but came to the conclusion that others were also. However, the following comprises the names of the Committee with whom specimens may be left by claimants—viz. Drs. Miller, B. Shurtleff, G. Willard, D. Bemis, E. Alden, W. Channing, A. L. Pierson, A. G. Welsh, W. C. Whitbridge, W. Walker, E. Buck, A. F. Stone, H. Orr, and J. Sampson. The Committee is to continue in being seven years, reporting annually to the Counsellors, who are empowered to fill all vacancies that may occur in the mean time.

Dr. Jacob Bigelow, Dr. George W. Otis, and Dr. John Jeffries, were elected a Committee to revise the list of books required as well as recommended to be read by students of medicine. A Committee was also appointed, consisting of Dr. John C. Warren, Dr. J. V. C. Smith, and Dr. David Osgood, to prepare a list of gentlemen, distinguished in the profession, entitled to the distinction of honorary fellowship in the Society.

Some minor concerns were presented to the Council and appropriately disposed of, the particulars of which are not distinctly recollected. All that is essential, however, interesting to the immediate members, is comprised in the foregoing report. A most excellent spirit was manifested, highly conducive to the respectability and dignity of this wisely devised association, on whose decisions the public may safely rely with regard to the character, acquirements, and moral qualifications of every man who is permitted, under its auspices, to practise medicine and surgery in the Commonwealth of Massachusetts.

THE SCIENCE OF LIFE.

A course of popular lectures has been commenced in this city, by a gentleman who has made himself singularly distinguished for his supposed warfare against certain domestic habits which predominate in civil life, principally connected with the pleasures of the palate ; in a word, he seems to have strangely secured the reputation of aiming to become an acetic reformer of the age, without having the ability to establish those self-denying laws essential to the perpetuity of the novel doctrines he is very earnestly laboring to maintain.

Influenced by all the prejudices usually operating against the introduction of new doctrines, supposed, without much reflection, however, to be openly at variance with the acknowledged principles of physiology, and braced up by theoretical and unphilosophical speculations, we heard Mr. Graham's introductory discourse on the Science of Life, at the Boylston Hall. We listened attentively, too, for more than one hour and a half, to a discourse that would have reflected honor upon the first medical man in America. This declaration is not the effervescence of a sudden conversion. Mr. Graham presented nothing extravagant—nothing that was not positively correct in relation to life, health and disease. So far from being the originator of a new system, totally opposed to those facts in the science of life, already extensively promulgated and practised upon by all well educated physicians, he simply exhibited himself to be a fearless, independent, benevolent expounder of this difficult science, which he seems to be endeavoring to make plain to the comprehension of all classes of intelligent, reflecting people.

We are utterly amazed at the ridicule with which this gentleman has been assailed in other places, if what we have heard is the type of what is to follow. With such strict regard to the positive indications of nature as he exhibits, based upon known physiological laws, there is no denying his propositions. Both his language and his illustrations were in strict accordance, in our humble apprehension, with the best medical authors.

Nothing would induce us to lend a helping hand in building up a prating knave, or a stupid pretender, But to speak otherwise than decidedly favorable of Mr. Graham's introductory lecture, would be high-handed injustice. If he actually pursues the course he so ably and fervently urged upon the community, the medical profession, above all others, will be benefited and dignified by it, and the world at large must ultimately be bettered by the influence of the knowledge he is disseminating. Should he, on the other hand, hereafter sink himself in the mazes of designing quackery, from an inordinate desire of fame, or other selfish motives, we should be among the first to abandon him and expose the deception.

These observations have no reference to any peculiar developments, which have been said to be characteristic of Mr. Graham's anticipated scheme of dietetic reformation. Whether he may eventually attempt to prove that man is not omnivorous, or that raw vegetables are more conducive to health and longevity than roast beef and mutton, we cannot presume to determine. No problem is more susceptible of demonstration than this—that we have so much refined upon life, and so multiplied both our wants and the means of animal gratification, that we are much oftener overpowered by physical excitement than by the effects of mental activity. With all the means bountifully provided by the hand of a benevolent Creator for a long, a vigorous and happy life, we are habitually warring against the plainest indications of common sense, and number our own days before we have wisely reflected upon the great object of existence.

Hydriodate of Potash.—Two cases are related in the London Lancet, by Dr. Wilkinson, in which this article was successfully employed. The first was a scrofulous affection of the knee joint. The knee was considerably swollen, but without redness, and presented several ulcers, the discharge from which was sometimes thin and ichorous, and at others mixed with white and opaque matter. A complete cure was effected by the internal use of the hydriodate of potash, combined with Carb. Sodæ and Aquæ Menthæ Pip. The second case was one of hydrocele, in a boy seven years of age. A drachm of the ointment of the hydriodate, in the proportion of ʒj. to an ounce of lard, was rubbed in three times a day; afterwards, half the quantity additional was used, which, with puncturing, effected a complete and radical cure.

New Medical Appointment.—John B. Stebbins, M.D. of this city, has been unanimously elected physician to the House of Reformation for Juvenile Offenders, located at South Boston. The office has been recently created by the Board of Overseers, and we congratulate them as well as the inmates of the institution, on this happy choice of a medical adviser, who is well qualified to give character to the station in which he has been placed.

Medical Magazine.—We understand that the medical periodical by this name, published in Boston, which was under the editorial charge of Drs. Flint, Bartlett and Gould, has been discontinued.

Essay on Climate.—The Royal Irish Academy has awarded Dr. Joseph McSweeny, of Cork, the prize of £10 for the best essay on the climate of Ireland.

M. Cruveilhier has been appointed to the Chair of Pathological Anatomy, founded by Dupuytren.

To Correspondents.—Dr. Gold's Communication on Phthisis will appear next week. Dr. Spalding's History of the Smallpox in Montpelier, Vt. is also on file.

Died—In Cabell Co. Va. Dr. John L. Maupin, of Albermarle Co.—In Richmond, Va. Dr. James Blair, 43.—In New Haven, Ct. Dr. Isaac Beers, 43.—At Charleston, S. C. Dr. M. Cohen Meyers, aged 32—also, Dr. William A. L. Martins, aged 27, of the stranger's fever—a native of Germany.—In London, Sir Wm. Blizard, aged 93, who had been one of the surgeons of the London Hospital for nearly sixty years.

Whole number of deaths in Boston for the week ending Oct. 10, 59. Males, 31—Females, 28.

Of scarlet fever, 2—smallpox, 1—bloody flux, 1—inflammation of the lungs, 1—infantile, 4—consumption. 5—inflammatory fever, 1—dropsy on the brain, 1—quinsy, 1—measles, 11—lung fever, 5—brain fever, 2—old age, 3—cholera infantum, 1—dropsy, 1—decline, 1—bilious fever, 3—teething, 1—sudden, 2—nervous fever, 1—hooping cough, 1—drowned, 1—dysentery, 1—typhous fever, 2—suicide, 1—intemperance, 1. Stillborn, 1.

MEDICAL SCHOOL IN BOSTON.

The Medical Faculty of Harvard University announce to the public, that the Lectures will begin on the first Wednesday in Novem., and continue thirteen weeks, after which time the regular course will be considered as terminated. But for the following four weeks, the Hospital and the Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may choose to remain.

The following Courses of Lectures will be delivered to the class of the ensuing season:

			Fees
Anatomy, and the Operations of Surgery,	by	John C. Warren, M.D.	$15
Chemistry,	"	John W. Webster, M.D.	15
Midwifery and Medical Jurisprudence,	"	Walier Channing, M.D.	10
Materia Medica,	"	Jacob Bigelow, M.D.	10
Principles of Surgery and Clinical Surgery,	"	George Hayward, M.D.	10
Theory and Practice of Physic, and Clinical Medicine,	"	James Jackson, M.D. and John Ware, M D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing. While the violation of sepulchres is prevented, it is anticipated that an ample supply of subjects for the wants of science, will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to Students attending the Lectures of the physicians and surgeons. This Institution contains about sixty beds, which are, most of the time' occupied by patients who are subjects partly of medical, and partly of surgical treatment. Clinical Lectures are given several times in each week, and surgical operations are frequent. The number of surgical operations during the last five years has averaged about seventy in each year.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, June 12, 1835. June 24—tN1. WALTER CHANNING, *Dean.*

A STAND FOR A PHYSICIAN.

A physician in the State of Maine, in a pleasantly situated, small, flourishing village, about 25 miles from Portland, wishes to dispose of his stand. Being a very eligible stand, and affording abundant practice, it offers a good opportunity for a physician to establish himself. For further particulars, apply to the Editor of the Journal; if by mail, post-paid. Sept 23—3m

MEDICAL INSTITUTION OF YALE COLLEGE.

The annual Course of Lectures in this Institution will commence on Thursday, Nov. 5, 1835, and will continue seventeen weeks. There are at least five lectures daily throughout the term, and a part of the time six. The several branches are taught as follows, viz.:

Principles and Practice of Surgery, by Thomas Hubbard, M.D.
Theory and Practice of Medicine, by Eli Ives, M.D.
Chemistry and Pharmacy, by B. Silliman, M.D.
Materia Medica and Therapeutics, by William Tully, M.D.
Anatomy and Physiology, by J. Knight, M.D.
Obstetrics, by Timothy P. Beers, M.D.

The fee for each of the first five branches is $12,50, and for the last $6,00, which, together with a matriculation fee of $5,00 and a contingent bill of $2,50, are to be paid in advance. The graduation fee is $15.

Since the last term, extensive alterations have been made in the College buildings;—those parts of it especially which are appropriated to anatomical purposes, have been made more extensive and commodious, and every facility will be afforded to those who wish to pursue the study of anatomy.

The price of board, lodging, &c. in New Haven, is from $2 to $3 a week, and other necessary articles in proportion. (Sept. 3—ep6w.)

AN EXCELLENT CHANCE FOR A PHYSICIAN.

A Physician in one of the western counties of New Hampshire offers to sell his stand, situated in a pleasant and flourishing village, and no other physician within five miles. For further particulars, inquire of the Editor of this Journal, or of Dr. Richards, of Claremont, N. H. Oct 7

VACCINE VIRUS.

Physicians in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar.* Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid.* J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price $3,00 a year in advance, $3,50 after three months, and $4,00 if not paid within the year.—Every seventh copy, *gratis.*—Postage the same as for a newspaper.

THE

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OBSERVATIONS ON THE CHARACTER, AND PREDISPOSING AND EXCITING CAUSES OF PHTHISIS PULMONALIS.

BY S. W. GOLD, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

The history of Pulmonary Consumption is one of peculiar interest. Its antiquity, frequency, and extreme fatality, give to it an imposing character. Considering this disease at the head of all others for fatality, and that amidst the increasing refinements and luxuries of modern times it has been greatly multiplied, some notice of its character and the causes which give rise to it may not be deemed unimportant.

The imperfect records of barbarous nations do not allow us correctly to ascertain its proportionate fatality among them, when compared with civilized communities; but we may safely infer from the exhibition of its character among the latter, that the former are much the least subject to its destructive influence. For we find that in civilized countries, it is the delicate rather than the robust who more frequently become its victims; that it is most common in crowded cities, and luxuriates in the feeble and imperfectly wrought systems of the sedentary and confined, amidst dense masses of population. Truly may it be said that this disease is found most prolific of desolation in the abodes of youth and loveliness; pursuing, eagerly, its path through the walks of ease, and threading the avenues of refinement, it tramples in the dust the fondest hopes and the brightest anticipations of life.

It is during the early period of life, just before the completion of maturity, and before the system has acquired solidity and firmness, that consumption appears to hold the greatest sway over the human constitution. Females are most subject to its attacks. From estimates made in several of the principal hospitals of Paris, by M. Benoiten de Chateauneuf, it appears that the proportion of fatality from this disease, in that city, is about one-tenth greater among the females than males. And it is probable, from all the facts which have been collected to determine this question, that about the same proportion of fatal consumptions, relative to the two sexes, exists in this country as in Paris.

Although this disease is not confined to any climate exclusively, yet the inhabitants of mild and equal regions are more exempt from its attacks, while it has generally proved most destructive where extreme atmospheric changes are most frequent. It is estimated that in Europe one fourth of all the deaths is occasioned by it; the proportion varying, however, materially, in the different parts of that continent. In Paris, it is calculated at about one-fifth; at Venice, one-sixth; while in Russia, a cold but equal climate, and where less effeminacy exists among the inhabitants, it is said to be of comparatively rare occurrence. In the United States of America, probably not less than one-sixth of the deaths are the victims of this disease.

Having thus briefly glanced at the important character of this disease, I would make the inquiry, has the subject relating to the *causes* of consumption received from medical men, hitherto, its due weight of attention? While some of the most learned physicians assert the disease to be irremediable, and the great body of the profession are following on in the old path of hopeless treatment, and joining in the loud chorus of "incurable," is it not important to investigate causes which lead to such certain ruin, and see whether there is any possible chance of escape from this fatal malady. For while the same causes are permitted to exist, the disease will continue the same in frequency, and we are thrown upon the almost hopeless ground of providing a remedy. Perhaps it is not overreaching the bounds of rational conjecture to suppose, that when the science of medicine shall have attained its ultimate degree of improvement, under the fostering influence of collateral branches of learning and the ripening experience of many successive ages, consumption, in its matured form, will stand, in a majority of instances, an incurable disease. Which, then, of the alternatives have we the most to expect from, by seasonably correcting its causes, or by introducing new remedies to remove the destructive influence of those causes? Has there not, hitherto, been a disproportionate attention, in regard to the causes and remedies of this disease? What experienced practitioner has not lost all confidence in the curative power of the established routine of remedies in confirmed consumption? And what guide has the young physician to direct his steps, through this obscure labyrinth, but one which will surely eventuate in ultimate disappointment? Is it not time to pause in this career of *certain* failure, and to seek some new method of escaping the evil? While new medicines are sought for, let the attention be also directed to the causes which lead to the disease. If fifty per cent. of all the cases of consumption could be avoided by learning and shunning its predisposing and exciting causes, would it not be an acquisition to the healing art, far transcending the most signal of its remedies? Or if only five per cent. could be avoided, would it not exceed all that has hitherto been accomplished on the score of curative means?

That this disease has largely increased in modern times, is an opinion maintained by some of the most intelligent of the medical profession. That the cause of this increase is dependent on the prevalence of various practices and habits of modern refinement, is a rational inference, from the circumstances of the case, and is an opinion, which, it is believed, will be sustained by all the evidence which the nature of the subject will admit. In proportion as mankind have departed from the plain and simple rules of living, and have adopted the refinements and luxuries of modern times, has this disease been multiplied. When our English ancestry possessed the habits which distinguished them during the eleventh century; when plain meats constituted the principal luxury of the table; when the rough sports of the chase were practised, even in some instances, by both sexes; when the coarse but warm manufactures of that age, protected them from the vicissitudes of the climate, and they reposed their athletic forms, not on the downy couch of modern effeminacy, but on the hardest beds ; they acquired a vigor of constitution which was not easily assailed by consumption. But these invigorating customs have passed away,

> "Tempora mutanter et nos mutamer in illis."

Not that I would recommend a return to the rude manners of a semi-barbarian age, but only the application of modern intelligence, with all the means we now possess, to the correction of the factitious refinements and fashionable irregularities of modern effeminacy.

By far the greatest share of consumptive cases are found to exist among those who possess a peculiarly delicate organic structure. And rare, indeed, does it attack the sturdy yeoman, whose broad, deep chest, and ample muscle, have been wrought amid the mountain air and the rough labors of the field. In every country its attacks are most frequent upon such as are distinguished by particular marks which characterize a delicate organic structure of body. And it matters not whether these peculiar marks are the lot of inheritance, or are stamped upon the constitution by the hand of culture. As no constitution is, by inherited strength, sufficient to resist its encroachments, when attended by certain circumstances of exposure ; so few are by nature so predisposed to its attack, as not, by a proper course of habits from infancy, to be able to escape from its fatal influence.

That the opinion of hereditary or family predisposition, generally entertained by writers on this subject, is correct, I have no doubt ; but of the nature and cause of this predisposition, my views do not coincide with those usually entertained. This predisposition does not consist in a poison or taint, as it is sometimes termed, but merely in the organic tone and formation of the individual. Ever since the days of Hippocrates, the marks usually considered to denote a consumptive diathesis, have been a "smooth fair skin and florid complexion, light hair, blue eyes, a long neck, a narrow chest, slender form, high shoulders, and a sanguine disposition." These are signs truly of a delicate form and slender constitution. But we find this disease not confined exclusively to any complexion. "In some instances," says the learned Dr. Good, "the skin is dark and the hair almost black." And it is unquestionably true that no complexion, however deeply colored, does exempt the individual from an attack of the disease, provided he is exposed to its ordinary predisposing and exciting causes. I have witnessed the disease in the native islanders of the Pacific, visiting this country, who are distinguished by dark hair, eyes and skin ; and instances, I believe, are not less frequent among the colored people in this country, than exist with the white population of similar habits and occupations. The notion that consumption is hereditary, should by no means be disregarded. But instead of viewing individuals, possessed of certain signs, as marked for the disease by the hand of destiny, or considering these as an insurmountable obstacle in the path of the individual's life, they should be regarded as a premonition of danger, early inviting to the use of remedies.

Man, both in a moral and physical sense, is a being of habit. From infancy to mature life, what changes may be wrought by its influence.

The vine which creeps along the damp floor of the sunless apartment, is not more dissimilar in form and appearance to the most verdant plant, whose leaves expand amidst the genial influence of a summer sun, than are the effects which various climates and habits produce on the human constitution. From this cause spring the great variety in the different tribes and nations of men. Every province has its peculiarities, not only of character and language, but of constitutional structure ; often exhibiting a difference of complexion, and of muscular and organic development. But we need not instance nations who occupy different soils and climates to illustrate this principle. Individuals of the same community, or even the same family, who are engaged in varied pursuits, and have been trained to different habits from infancy, are obviously different in these respects.

In a thousand instances may we trace back this disease to effeminate habits or exhausting indulgences, which have wasted the energies and enfeebled the general tone of the system. The period spent in the nursery is an important one in regard to the future health of the individual. Such a place is too frequently like a hot bed, where nature is forced from its ordinary course, producing an imperfect assimilation of parts, a laxity of fibre, a morbid sensitiveness, which render the individual unfit to withstand the unavoidable exposures of after life.

Scrofula is a disease closely allied to consumption ; the former being peculiar to childhood, as the latter is to youth, and the same constitutional predisposition exists in both diseases. In pathological investigations effects are sometimes taken for causes ; and in regard to a scrofulous diathesis, it is believed to be less frequently the effect of inheritance, than of certain enervating causes, influencing the organization and development of the system. That we meet with scrofula most frequently in those with certain external marks of constitution, is true ; but are such marks anything more than indications of a delicate structure ? Does "a fair, smooth skin, in which the bloodvessels are very apparent, light and soft hair, florid complexion, long and slender fingers, narrow chest and prominent shoulders," indicate anything but a delicate structure ? Not unfrequently have I seen children of the same natural marks of complexion, who were born in open houses, accustomed from infancy to any variation of atmospheric change, thinly clad, not wearing a shoe or stocking through the whole of a northern winter, and daily playing with their naked feet in the snow, who slept on beds of the hardest texture, and whose diet was plain but nutritive, acquire a force of constitution which might bid defiance to scrofula in their childhood, and whose vigorous play of organs rendered them equally secure from the assaults of consumption. In such a case, where is the narrow chest and the prominent shoulders ? They never could form under such a mode of training. But they may be found abundantly with children whose first months are passed in a confined and impure air, who are brought up in habits of indolence or confinement. The remedies in scrofula almost exclusively belong to the class of tonics. Sea-bathing, so well known as a remedy, is a powerful means of invigorating the system. When the disease yields to tonic treatment, what becomes of that potent disorganizer of glands, cartilages and bones ? Is there specific agency in so large a share of tonic medicines, sufficient to over-rule the laws of hereditary disease? If this view of the subject is correct, then the formation of such early habits as give hardihood to the constitution, are of the highest importance to guard the individual against the encroachment of scrofula in childhood and consumption in subsequent life.

The method generally pursued in regard to education, is undoubtedly one early cause in occasioning a phthisical constitution. I refer particularly to those children who take but little exercise, and are confined on seats, in an impure atmosphere, for six or seven hours in a day. A constitution of remarkable strength may indeed go through such a course of habits without injury; but it is a violation of the laws of health, and the feeble cannot pursue it with impunity. Although in such it may not always eventuate in scrofula or consumption, yet a feebleness is evidently induced by it; a pale countenance, narrowed chest, bowel derangements, and other signs of injury, too frequently follow. And such an individual, especially when the confined air of a city residence is superadded, presents a striking contrast to the athletic form and rubicund countenance of one who continually inhales the pure air of the country, and who calls into constant and even exercise every organ of the body.

Professional men, particularly clergymen, have received much injury in their constitutions by the sedentary habits which they often indulge. A much greater proportion of such, than of those who pursue an active life, are the subjects of phthisis. The bleeding from the lungs, and other symptoms of derangement in the chest, are not generally the effects, as some have supposed, of long-continued labor in public speaking, but are produced by sedentary habits. This opinion, I believe, is well supported by proof, furnished by those clergymen whose lungs are not less exercised in public speaking than the others, but who travel almost daily from one appointment to another, and who, disregarding the weather, accomplish every day, through the week, no inconsiderable journey. The health of such men—notwithstanding the fatigues they undergo, the exposures to bad weather, change of sleeping apartments, the risk of taking cold after speaking for several hours in a crowded room, and going from thence in the cool night air to a place of rest—suffers rarely from pulmonary disease. I was informed by a very respectable clergyman, who, for several years, was laboring under decidedly phthisical symptoms, such as repeated copious spitting of blood, cough, purulent expectoration, &c. that notwithstanding the debility and emaciation thereby induced, he continued to preach a considerable portion of the time. His reason for so doing, was that he viewed his case as hopeless, and wished to improve carefully the small remnant of life which he supposed was allotted him. He practised much riding on horseback, and ultimately acquired comfortable health. A great amount of talents and happiness, no doubt, have been sacrificed in the long-continued practice of sedentary habits. Whatever posture of the body is long-continued, that confines the respiratory organs or obstructs the free circulation of the blood through them, occasions injury. Persons who sit in a bent position, either from carelessness or necessity, are exposed to ultimate bad effects. The tyranny of fashion, in regard to dress, sacrifices many victims, from the multitude of its votaries, to this disease; and no doubt the tape of the corset has stopped more breaths than the rope of the gallows.

The habitual or occasional use of narcotics, such as ardent spirits, opium, tobacco, tea, coffee, &c. has a tendency to derange and enfeeble the constitution, and in many instances operates as a predisposing cause of this disease.

Sleeping on soft beds is a practice of almost universal prevalence, at the present day, throughout the civilized world; yet perhaps there are few practices that have a more generally pernicious influence on the young, than this. Sleep is as necessary to life as food; the exhausted excitability of the system must be repaired, as well as the channels of nutrition supplied; but excessive luxuries in either are injurious to health, and the epicure in one is as irrational as the epicure in the other. Children and youth who are accustomed to sleep on soft beds during the warm season, require more than an ordinary force of constitution not to be injured by it.

How far consumption is the consequence of coughs and colds, is an important consideration. And in discussing this question, I wish to appeal directly to the experience of physicians. I would like to put the question to every one who has had experience in this disease, What has, in your opinion, been the most common predisposing and exciting cause in the cases of consumption which have come within your observation? Would not the answer be, bad colds, which have been either neglected or injudiciously treated? Of many of whom I have inquired, this has been the answer. This, so far as my observation extends, is the case. A distinguished writer* remarks, "It must be obvious to every observer that a long protracted, obstinate cough, especially if improperly treated, too often lays the foundation for a consumption." He also remarks, that "however trivial, in the view of many persons, complaints of this description may appear, they are in reality to be regarded as of a serious nature, and as frequently leading to the most fatal consequences. A cold, when aggravated or rendered extremely frequent, becomes a malady sufficiently formidable to combat and defeat the skill of the most experienced physician; and this is the rock upon which the health and lives of thousands have been wrecked."

In a communication received from a very intelligent physician,† who is in extensive practice in the city of New York, similar views are expressed. He remarks, "It is a question of no small interest, and I am sure it ought to rest upon the mind of every physician, what is the *cause* that so many annually are taken off by pulmonary consumption? As to the predisposing and exciting causes of this complaint, there are doubtless very many, but I have no question in my mind that one fruitful source of this disease is the neglect of catarrhal affections. I am seldom called to a phthisical patient without being informed that he has had repeated colds, which were little thought of until they settled down into the present cough." The doctor farther remarks, "In a climate so changeable as ours, and where there is a constant admixture of land and sea air, colds are very frequent, and yet I know of no affection so little regarded and so much neglected as this; and thus it is that we have the melancholy fact before us, that one-sixth of the deaths is arranged under the head of consumption." There is too much reason to believe that tubercles of the lungs often have their origin from this source; and having become formed, are by the same cause hurried on to inflammation and ulceration. Prudence in respect to taking colds, affords but a small part of what is necessary to escape the difficulty; prudence in the use of remedies is a consideration equally important. Every one thinks himself fully competent to treat a cold; and it is too frequently the case that in the protracted exercise of this general conceit, the natural influence of the complaint, to which is often superadded the worst of treatment, produces an irreparable injury to the lungs, before the case comes under the care of a physician.

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* Thacher's Modern Practice.

† Elijah Mead, M.D.

The action accompanying a cold in the system is of an inflammatory character; sometimes slight, but often considerable. When the chest is the principal seat of the complaint, the delicate vessels which are spread over the lining membrane of the bronchial tubes are more or less injected with blood, and not unfrequently a degree of irritative action extends to the body of the lungs. In this state, how very common for persons to make use of stimulating potions, which instead of relieving, aggravate the difficulty. Hot toddy, paregoric, elixir and laudanum, unqualified with any aperient, are frequently used in such cases, and often produce great injury.

It is while treating a bad cough, proceeding from a cold, that frequently the only opportunity exists, that ever will, to escape this fatal disease. It is probable that at this point physicians have done more than at any subsequent period to save their patients from consumption; while patients, by neglect, have passed on to irrecoverable disease, amusing themselves with the reply to those who chance to admonish them of danger, "Oh! my cough is nothing but a cold."

Goshen, Ct. October 10, 1835.

SKETCH OF THE SMALLPOX,

AS IT PREVAILED IN MONTPELIER AND MIDDLESEX, VT. IN JULY AND AUGUST LAST.

BY JAMES SPALDING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE Smallpox has, for some time past, been unusually prevalent in Vermont. Perhaps "an epidemic constitution of the year," so much insisted on by Sydenham, has been concerned in its prevalence the past season. The principal circumstance calculated to favor its spread among our inhabitants, no doubt is our free communication with the Canadas, where little or no attention is paid to vaccination, and where the disease is permitted by government to exist without any legal restraint. Although we have an excellent *preventive* to the pestilence, it is not until the public are made to feel the *scourge*, that they become sufficiently aroused to undergo a thorough *vaccination.*

There are many reasons why the smallpox should be well understood by physicians. The contagious exanthemata are an interesting group of diseases, and ought to be familiar to the medical student, as well as the practitioner. On investigation, it will be found that there is something, even in a loathsome disease, calculated not only to excite admiration, but to shed light on kindred subjects. Smallpox, in all its bearings, its pathology, diagnosis, prevention and treatment, is worthy of careful attention. The public seem to think that they have a right to demand of our profession whether so great an enemy as the smallpox exists among them. If they find a physician who is unable to satisfy their reasonable inquiries, they hold him responsible for all the evils which result from his ignorance. In some instances, perhaps, they may be too severe ; for although unmodified smallpox may be known with great certainty after the formation of the pustules, let it be borne in mind that it is difficult, if not impossible, to arrive at a correct diagnosis at an earlier period. It fortunately happens, however, that " the disease is not contagious for the two or three first days of the eruption,"* whereby a fair opportunity is given to pursue that line of conduct which will be not only safe to the physician and his patient, but to an alarmed community.

But the various modifications of smallpox cannot always be known in any of their stages ; at any rate, they are not always found out, until it has propagated itself to others, for there are many well attested instances where variola has been communicated by persons whose *febrile* symptoms were *slight*, and *pustules* very *imperfect*. It is possible that some of these cases are not contagious, in the strictest sense of the term ; but still are infectious, and, unless suitable precautions are observed, may give rise to the disease in its worst form. It was apparently in this way that the smallpox, of which I am about to give an account, was first introduced into this vicinity.

Last spring, one of our citizens resided, for several weeks, in the province of Lower Canada ; during which time he had not, to his knowledge, been exposed to any contagious disease. He was attacked with the usual symptoms of fever, which continued nearly two weeks. No eruption attracted notice, except several small boils, as he termed them, around a blister that had been raised upon his chest. About the middle of last June he returned to his home, in a feeble state of health. He had the kinepox thirty years ago, and his family, except his wife, had it recently. In ten days from his return, his wife began to break out with the smallpox. I did not see her for the first four weeks of her sickness, but afterwards became sufficiently acquainted with her disorder to pronounce it a severe case of *confluent smallpox*. She was nursed by a sister, who contracted the disease and died in one week. These cases were both of them called the chickenpox by the attending physician, and of course no measures were taken to avoid the contagion.

I was called on the 29th of July to visit Mrs. W., of Middlesex, who had apparently a sharp attack of fever. Thinking she had " taken cold," she went to bed the night previous, with headache and chills, and took a thorough sweat. Instead of affording relief, this measure increased her disorder. I found her with pain in the head, back and loins ; uncommon heat of the body, with cold extremities, pulse quick and rather tense, sickness at the stomach, with tenderness of the epigastrium. Her husband remarked, that he did not know but his wife had caught Mrs. M.'s disease, as she had watched with her nine or ten nights previous. At the same time I was shown a few pustules upon one of her hands, which had made their appearance three or four days previous ; a circumstance by no means calculated to lead to a correct diagnosis. It is highly probable that this woman had, unintentionally, inoculated herself by handling Mrs. M., and that a *cold* and *severe sweat* aggravated her febrile symptoms. Before leaving the house, I pronounced her case to be smallpox. I bled her about one pint, directed a saline cathartic, followed by gentle sudorifics and a cooling regimen. In two days she had a fine crop of pustules, and felt very much relieved.

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* Heberden.

The town authorities were now called upon to assist in checking the disease. Pest houses were procured, and suitable regulations adopted. In the course of two weeks a large number were admitted. Some of these cases, as might be expected, were mild, others were severe, while several were of an intermediate character. Those who had the distinct smallpox were generally taken, in nine or ten days after exposure, with chills, attended with cold extremities, pain in the back and head, followed with quick pulse and other febrile symptoms. In about three days the eruption began to make its appearance on the forehead in the form of hard pimples, and next about the nose and mouth ; then on the forearms, breast and abdomen, and lastly on the lower extremities. These pustules, in the course of two or three days, were filled with a limpid fluid, and appeared perfect, having a central indentation. This stage was in most instances followed by suppuration and a secondary fever, which usually lasted until the process of desiccation was complete.

The confluent cases, of which there were five, were more severe than those of the distinct kind. The case of A. C. possessed as much interest as any of them. He was a hard laboring man, of dark complexion and nearly 40 years of age. In about seventeen days after free exposure, he began to be indisposed, but it was not until the lapse of twenty-four days that he was severely sick. At this time he complained of violent pain in his head, back and loins, chills and cold extremities, hot skin, dry tongue, sickness of the stomach and great tenderness of the epigastrium. The patient had a profuse hemorrhage from the nose, after which he became deranged ; during the night, in a fit of delirium, he attempted to cut his throat with a razor. The pustules were tardy in coming out ; and when they did make their appearance, they were irregular in shape, flattened, and contained but little lymph. Some of them were of a rosy tint, while others run together, forming patches which were filled with bloody water. The patient was hoarse, and at times experienced great difficulty of breathing ; he likewise had soreness of the fauces, attended with a copious ptyalism. His face and hands, and subsequently his feet and ankles, were swollen to the greatest possible extent. Suppuration of the pustules was very imperfect. The process of desiccation commenced earlier than in the distinct kind, and was attended with an intolerable itching. This was followed with what might be termed a stage of horripilation or trembling, connected with great susceptibility to atmospheric impressions, and a constant complaining of the cold. Several days previous to this, the patient was fairly convalescent. His delirium and other bad symptoms gradually subsided, but he was left in a state of great debility. Near the close of his disease, a large abscess formed upon his hip, which discharged, on being opened, nearly a quart. In consequence of this drain, he probably escaped the disagreeable sequelæ which so often follow severe cases of confluent smallpox.

The treatment of this patient was, at first, antiphlogistic ; but the fever soon changed its type, when it became necessary to render it cordial and supporting. I made a more free use of purgatives, not only in this, but in other cases, than is recommended by our authors. As soon as the pustules suppurated, I gave good *Peruvian bark*, and found it to answer a valuable purpose. The diet consisted principally of oatmeal gruel, light puddings, crust coffee, chicken tea, animal broths, &c. A full dose of opium was occasionally administered, either to check diarrhœa, or to quiet the nervous system and procure sleep. Aromatics, carbonate of ammonia, wine, musk, &c. were made use of whenever there appeared to be a receding of the eruption, or a sinking state of the system.

A more minute detail of the practice, not only in this but in other cases, might be considered tedious. I have the satisfaction of stating that all who were received into our little hospitals, amounting to the number of twenty-two, recovered, and are now enjoying a tolerable state of health.

I could state a few facts in respect to the contagiousness of the smallpox, which might not be considered without interest. There were several fortunate escapes, as might be expected among so many exposures ; while some took the disease where we should not have expected it. There was much evidence to corroborate the opinion expressed by Dr. Jenner, that "the susceptibility to receive variolous contagion always remains through life, but under various modifications, or gradations, from that point where it passes silently through the constitution, up to that where it appears with great violence." There were three mild cases, where the subjects had undergone the vaccine influence several years since, and one individual who had the smallpox, in a modified form, the second time. In several instances it seemed to blend with the vaccine disease, and thereby lose its contagiousness. It was so in my own case. In order to test my system, as I had the kinepox upwards of thirty years ago, I re-vaccinated myself, and produced a large pustule, which at first discharged a sanious matter which was changed into pus, and soon healed up. I then had the symptoms of smallpox, which were carried off by the appearance of a new pustule. During my attendance upon the sick I had the symptoms, followed by one or more pustules, in the inoculated arm, as many as six times. In several instances the kinepox operated as severely as the distinct smallpox, but in all such cases the subjects had been much exposed to the variolous contagion.

Montpelier, Vt. October, 1835.

POISONING WITH CHEESE.

[Communicated for the Boston Medical and Surgical Journal.]

Mr. Editor,—Several interesting cases under this head having appeared in your Journal, a few months since, I have been reminded of one or two additional cases, somewhat similar. The first took place in my own neighborhood, and the facts, to the best of my recollection, were as follows.

At the raising of a building belonging to Seth Thomas, Esq. in Plymouth, Litchfield county, Conn. a few years since, an entertainment was prepared, consisting chiefly of bread and cheese, with cider. The company partook of it about sunset. During the evening, nearly a hundred persons were taken with vomiting, which, after continuing for some time, was accompanied with diarrhœa. Some of the individuals were attacked with great violence, others were affected but slightly ; none, however, died. But the debility and the irritability of the stomach which followed, lasted in some instances several weeks. I am not aware that any active medicines were given. The physician under whose care most of the patients fell, suspecting the cause must be poison, treated them accordingly. Even after the local cause of disease seemed to be entirely removed, such was the state of the system—at least in those cases that came under my own observation—that the slightest tonic remedies invariably did more of harm than good. In my own experience—and I believe in the practice of those whose experience was much larger than my own—mucilaginous substances, with the lightest of food, along with rest, constituted the safest treatment.

On inquiry, it was found that a cheese, bought of a farmer in the neighborhood (famous, however, for making good cheese), had been cut and used for the entertainment ; and that every one who was sick had eaten more or less of this cheese. It was then tried on one or two dogs, who were also made sick. To settle the point more decisively, it was ascertained that there was no other article present of which *all* the sick partook—bread, cake, cider, or water—except the cheese.

A part of the suspected cheese was sent to Prof. Silliman, for analysis, but no poison was detected. I do not know that the rind of the cheese was suspected. It was generally thought by the physicians—and I believe by Mr. Silliman himself—that the active principle which caused the disease must have been some vegetable product ; but what it was, or how it came to affect this cheese, and no other of those made by the farmer, or why chemistry could not detect it, I believe was never known.

A similar occurrence took place a year or two earlier, in Winchester, in the same county. In this, as in the former case, the mischief was attributed to cheese, but nothing of a poisonous character could be detected. The particulars in regard to the latter case have escaped my recollection ; except that there was a striking similarity to the occurrence at Plymouth.

If the foregoing facts, Mr. Editor, have not already appeared in your or some other Journal, and you deem them worthy of it, you are at liberty to publish them. Yours, &c. Wm. A. Alcott.

Boston, October 20, 1835.

JUICE OF THE CRANBERRY AS A REMEDY.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In your Journal, Vol. XIII. No. 7, is, I think, a cure for Ringworm, by the application of the juice of *cranberry*. Noticing this, brought to my mind a fact communicated to me many years ago, by an aged physician (not an empiric), who had considerable celebrity for curing cancers; and as your late number on cancer exhibits nothing *new*, on the disease or the treatment, it occurred to me to mention his remedy. It was the juice of the cranberry, *Oxycoccus vulgaris*, made into an ointment, with sulphate of iron, finely pulverized. There is not, perhaps, a more *significant* remedy in the whole Materia Medica for that terrible malady. Yours, &c. Joseph Comstock, M.D.

Lebanon, Conn. October, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 28, 1835.

SEX OF THE FŒTUS.

A Leeds correspondent of the London Lancet has come to what he considers a philosophical conclusion, that the sex of the fœtus is determined by the effects of cerebral development. He sagely remarks, that "phrenologists have proved that the difference in character of man and woman is caused entirely by the development of the intellectual and emotional faculties—the latter being more considerable in woman, and vice versâ; and that the more a man's *cerebellic* faculties are enlarged, the more does he partake of the warm feelings and passionate temperament of the female sex; who, on the contrary, when their cerebral organs happen to be most developed, gradually approach in intellectual power to man's standard, but at the same time lose the peculiarly feminine softness and grace of their less intellectual (*cerebral*) sisterhood." Accordingly, when the fœtus is in the act of cerebral development, if by any cause the process is not perfected, then it becomes a female: in reality, the female is an approximation to a male, and therefore—for this is the drift of the argument—an *inferior being!* How very singular it is in the constitution of things, that accidental causes should so universally determine upon having an equal number of both sexes—a fact that probably holds true as it respects the whole population of the globe. There is not one whit more common sense in this ridiculous hypothesis, than there was in a famous Dutch physiologist's theory in regard to the difference in the size of the two extremities of the child at birth—viz., the head was larger than the nates, because it was the most noble part!

MEDICAL SERVICES AT INQUESTS.

At a period so remarkable as this is destined to become in the history of medical reform in the mother country, it behooves the profession in this to do something towards maintaining their just rights. There is one abuse that certainly needs an immediate correction, which from small beginnings has become really burdensome ; but as the remedy is perfectly within the control of those who have been the greatest sufferers, it may only be necessary to exhibit the evil to rouse them to action. We allude to the services rendered by medical gentlemen to juries of inquest. Their assistance, in a majority of instances, seems almost indispensable. Yet the compensation made for opinions, involving, perhaps, the liberty or life of an individual accused of the perpetration of a horrible crime, is ordinarily so trifling, that it carries on the very face of it to the world, that the advice given under such exciting circumstances is not very highly valued. Two shillings is, frequently, all the law allows for hours of labor in search of an obscure cause of sudden and suspicious death. Even an entire day, closed by a statement of facts, which no one but an anatomist could collect, is denominated *testimony*, and for the whole, without the least regard to the sacrifice of regular business, the paltry sum of some twenty-five or thirty cents is every farthing he can obtain.

Because some have submitted to this unprofitable waste of time and science, it does not lay others under an obligation to follow the example. The honor and character of the profession demand a change, and as it may be readily effected by a resolute and determined spirit, let those who feel the degradation of selling knowledge on such miserable terms, demand a fee proportioned to the magnitude and importance of their services. There is no reason why the Commonwealth should not, with all its resources, pay as liberally as a humble individual. Certainly there can be no provision for compelling a physician to do the drudgery expected of him by a coroner, nor have we discovered any reason why he may not demand and recover an appropriate charge. At all events, it would be well to determine the point, that the next generation may be benefited by rights that were withheld from this.

CONCOURS IN LONDON.

Many of our readers will recollect the full account given in Vol. XI. of the Journal, of the Parisian Concours for the election of a Professor of Surgery in the University of Paris. We learn from the London Lancet that the house surgeon of the North London Hospital has been lately elected by a similar concours, or public competition, being the first trial of the kind in England. There were three candidates, on the present occasion. The examination may be divided into three portions, the first being gone through with the first day, the two others on the next.

1st *Division.*—The Principles of Treatment in Surgical Diseases.—These were made the subject of written questions, the answers being given under cover, with mottoes attached, and not opened until the other part of the examination had been gone through, in order that no feelings of prejudice should be created in favor of either candidate by ascertaining the extent of his proficiency in this branch.

2d *Division.*—The actual application of apparatus required in the treatment of fractures, dislocations, &c. The mode of applying bandages, and the mode of dressing after operations have been performed.

3d *Division.*—The performance of those operations which are likely to be required of the house surgeon.

These last two portions of the examination were conducted in the clinical theatre, and the applications and operations were practised on the dead subject. The names of a great number of the minor operations were written on slips of paper, and placed in a hat, from which the candidates afterwards drew them, each candidate drawing one. The operation first performed by one of the candidates was then performed separately by the others, only one candidate being present at a time. The candidate first named what instrument he would require for the operation he was about to perform, and when performed he described the treatment, dressings, &c. The other candidates were then admitted singly, and underwent the like tests.

The various applications involved in these inquiries were made before the Committee appointed to conduct the examinations and election, consisting chiefly of the medical officers of the institution, who afterwards retired, perused the papers sent in, and decided on the candidate whom they then considered most competent to fill the vacant office.

Dr. Thomson, the chairman of the Committee, shortly afterwards entered the theatre, and announced that Mr. Wallis was the successful candidate; adding, however, that the committee had requested him to acknowledge publicly that the other two candidates had afforded the committee great satisfaction by the manner in which they had undergone the trial of the concours.

Management of Sore Legs.—Ulcerated sore legs have long been considered, in certain systems, of most difficult management. Professor Miller, of the Washington Medical College, Baltimore, has lately detected, in a post-mortem examination, exostosis of those portions of the tibia which during life had been the sites of inveterate ulcers. Profiting by this fact, he has in several similar affections where exostosis was also found to exist, performed the operation of dissecting away the bony excrescence. In one case furrows or grooves were cut in it with the trephine and saw, and the fungous structure chipped away with the chisel and mallet. The soft parts were laid back upon the natural bone, and secured by adhesive strips, lint, and the common dressings. Bread and milk poultice was afterwards applied, and in twelve days the limb was sound and the patient reported well. All cases of ulceration, however, were not found to be caused by exostosis.

The Datura Stramonium in Sarcocele.—Dr. Thomas T. Everett, of Poughkeepsie, N. Y. has met with partial success in the treatment of two cases of sarcocele with stramonium, and he recommends a trial of its effects in diseases of a similar character. The cases referred to are reported by him in the last No. of the U. S. Med. and Surg. Journal. In one of them the ointment of stramonium, of twice the usual strength, was applied plentifully to the scrotum for two months, with considerable friction. The extract of stramonium 1-4 grain every morning and evening was taken at the same time. The morbid action and train of disease was entirely arrested, the tumor lessened in size, and most of the attendant evils removed. The other case was also materially benefited.

Diagnostic Characters of Saliva.—M. Donné, of the French Hospital La Charité, has for several years directed his studies to chemical pathology, and has given no small share of his attention to the examination of the fluids of the human body, which he considers equally important with that of the solids. An article from his pen appears in a late No. of the Archives Générales, on the "Chemical Characters of the Saliva, considered as a means of Diagnosis in certain affections of the Stomach." A diagnosis of this nature, if by its means could be distinguished an irritative and inflammatory condition of the stomach, is indeed a desideratum. M. Donné thinks that such a condition is invariably indicated by the *acid* character of the saliva. According to his experiments, as well as those of MM. Tiedemann and Gemelin, this fluid is constantly alkaline before, after, and during meals, when the functions of the stomach are regularly performed, and he therefore infers that whenever it is acid, it is in an anormal state, and is connected with an anormal condition of the stomach. To determine the chemical character of the saliva, a few slips of turnsole paper suffice. Some preserve their original blue color, others are reddened by an acid. The first serve to determine the acidity of the saliva, the second or red slips measure its alkalinity. When the saliva is in its normal condition, the strip of red paper applied to the tongue assumes a blue tint, while, in the contrary case, it remains unaltered : this is the first step to be taken : if we find the saliva has lost its alkaline or normal character, we try the blue paper, and find either that the blue color does not change (a neutral state), or changes from blue to red, which indicates an acid condition of the saliva.

The practical and most important part of these investigations still remains—viz. the condition of the stomach with which the change of the saliva from an alkaline to an acid state is connected, which can only be established by an extensive number of observations on the human body in a state of disease. This M. Donné has undertaken for the last two years at La Charité, and the result of his experiments convinces him that acidity of the saliva coincides with an inflammatory or irritative condition of the stomach, as contra-distinguished from mere functional disorder. He details four cases where these alterations of the stomach, indicated as above, and by other symptoms, could be verified after death ; also four in which the lesions of the stomach could only be deduced from the march of the disease and the effect of remedies.

Hydrophobia.—In the short space of six days, nine cases of hydrophobia were carried to the Westminster Hospital. A case occurred at the London Hospital about the same time, in June. A man sat smoking a pipe, in a parlor at Stepney, when a dog ran past him into the room ; some of the company being intimidated, as it was a strange dog, the unfortunate man, in attempting to draw him from under the bench, was bitten. Though caustic was immediately applied, nothing availed, and he soon died.

Medical Establishment at New South Wales.—By recent advices, we learn that a Commissariat and Military Medical Establishment is ordered to be formed in that distant section of the world, under the patronage of the British government, the expense of which is to be borne by the revenues of the colony.

Extraordinary Birth.—In 1820, a poor woman, wife of a laborer in the parish of Upton Warren, England, had four living daughters at one birth. One of the four died on the 23d of June last.

To Correspondents.—A Case of Anomalous Tumor, and other favors, have been received.

Whole number of deaths in Boston for the week ending Oct. 24, 42. Males, 22—Females, 20.

Of consumption, 1—measles, 12—typhous fever, 3—stoppage in the bowels, 1—dysentery, 2—dropsy, 4—throat distemper, 1—hooping cough, 2—infantile, 3—diarrhœa, 1—convulsions, 1—inflammation of the bowels, 1—lung fever, 3—intemperance, 1—colic, 1—croup, 1.

ADVERTISEMENTS.

MEDICAL TUITION.

The subscribers have recently made some additional arrangements for the instruction of medical students. A suitable room is provided, as heretofore, for the use of the pupils; the necessary books are supplied, and a systematic course of study is recommended. Personal instruction is given to each pupil in each of the several departments of medical knowledge. Every facility is provided for the cultivation of practical anatomy, which the present improved state of the law permits. This department will receive the constant attention of one of the subscribers, who will always give such aid and instruction as the pupils may need.

The pupils have free admission to the lectures on Anatomy, and on Surgery, in the Medical School of Harvard University, and to all the practice of the Massachusetts General Hospital; and generally they have opportunity to attend private surgical operations.

The terms are, 100 dollars per annum; to be paid in advance.

JOHN C. WARREN,
GEORGE HAYWARD,
ENOCH HALE,
J. M. WARREN.

Boston, October, 1835. Oct 28

AN EXCELLENT CHANCE FOR A PHYSICIAN.

A Physician in one of the western counties of New Hampshire offers to sell his stand, situated in a pleasant and flourishing village, and no other physician within five miles. For further particulars, inquire of the Editor of this Journal, or of Dr. Richards, of Claremont, N. H. Oct 7

BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.—John C. Warren, M D.—Rufus Wyman, M.D.—George C. Shattuck, M D.—Jacob Bigelow, M.D.—Walter Channing, M.D.—John B. Brown, M.D.—George Hayward, M.D.—John Randall, M.D.—and Enoch Hale, Jr M.D.

At the annual meeting of the Committee held on Wednesday, August 6th, 1835, a premium of fifty dollars, or a gold medal of that value, was awarded to Luther V. Bell, M.D. of Derry, N. H. for a dissertation on the following question—"What diet can be selected, which will insure the greatest probable health and strength to the laborer in the climate of New England; quantity and quality, and the time and manner of taking it, to be considered."

Another premium of the same value was awarded to Usher Parsons, M.D. of Providence, R. I. for a dissertation on this question—"What are the diagnostic marks of cancer of the breast; and is this disease curable?"

The following prize questions for the year 1836 are now before the public, viz.

"1st. How far are the external means of exploring the condition of the internal organs to be considered useful and important in medical practice?"

"2d. To what extent is an active medical practice useful in the common continued fever of this country?"

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D. Boston, on or before the first Wednesday of April, 1836.

The following questions are now offered for the year 1837, viz.

"1st. What is the nature of Neuralgia, and what is the best mode of treating it?"

"2d. To what extent, and in what places, has Intermittent Fever been indigenous in N. England?"

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1837.

The author of the successful dissertation on either of the above subjects, will be entitled to fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied with a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz.

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith. GEORGE HAYWARD, *Sec'y.*

Boston, August 22, 1835. 3te3w

Publishers of Newspapers and Medical Journals, throughout the United States, are respectfully requested to give the above an insertion.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid.* J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price $3,00 a year in advance, $3,50 after three months, and $4,00 if not paid within the year.—Every seventh copy, *gratis.*—Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XIII.] Wednesday, November 4, 1835. [NO. 13.

PETECHIAL ERUPTION OF CONTAGIOUS FEVER.

BY JOHN EUSTACE, PHYSICIAN OF THE DUBLIN FEVER HOSPITAL.

In the contagious fever of this country, there is not a more constant symptom than petechial eruption ; it may indeed be considered as diagnostic of contagious fever, for I am not aware that there is any other febrile disease of this climate attended with it. I have been led, therefore, in all cases to give very close attention to the state of the petechial eruption in fever. Too little stress has, I think, been laid on the consideration of this symptom ; it has generally been considered as a matter of little importance, or as merely indicating a greater degree of contagion, or as a symptom of fever from which very little or no practical indication could be drawn. I am not of this opinion, and I beg leave here to introduce a few remarks on these eruptions.

I have constantly observed two forms of petechiæ to attend fever ; the one, from its resemblance to the measles, I may call the *morbillous*,—the other is allied to the purpura hæmorrhagica of Willan. The first has been distinctly pointed out by Dr. Huxham, where he says, "that the skin looked sometimes as if it had been marbled or variegated with a color like that of the measles, but more dull and lurid." This is exactly the appearance of this form of petechiæ ; it generally makes its appearance from the fourth to the sixth day of the fever ; it is first seen on the shoulders, neck, and breast, whence it spreads over the whole body ; the hands and the face are the parts last affected. It is more or less distinct. It is not papular, having only the appearance of being elevated. At an uncertain period it terminates in resolution, leaving no trace on the skin.

The other form, the purpura hæmorrhagica, is found at all periods of the fever, and it is either found pure or mixed with the morbillous. It consists in a number of small ecchymosed spots resembling flea-bites on all parts of the body, frequently very conspicuous on the legs ; these spots are of various sizes, having well-defined edges, and passing into larger blotches and vibices. They become gradually paler before they disappear.

From attentive observation of these two forms of petechiæ, and of the fevers with which I have found them respectively connected, I have been led to the conclusion that they are symptomatic of different states of typhous fever. If we suppose fever to consist in a disordered action of the nervous function, to be a disease of the innervation, which I believe it to be, we shall find in support of this opinion that in one of its forms it usually commences with disordered feelings referable to the seat of the ganglionic system and its nerves, in the epigastrium. The organs which derive their nerves of organic life from these ganglia become at the same time disordered in their functions, from the morbid change in their organic sensibility ; and that state which has been called gastric or hepatic fever is induced. It is in this form of fever that the *morbillous* petechiæ make their appearance, and denote the fever to be confined to the epigastric centre, to the viscera which derive their nerves from the ganglia of organic life. At this time the epigastrium is invariably painful on pressure, and often to the lightest touch. It is only when the fever has either commenced in the nervous system of the encephalon, or has extended to it from the former—when in either case the functions of sensation and the intellectual functions have become disordered—that the petechial *purpura hæmorrhagica* is to be found.

The most usual fever in this country consists of these two forms blended, commencing a ganglionic fever with *morbillous* petechiæ ; in its progress the febrile action extends to the brain, and the *purpural* petechiæ make their appearance, and are either found intermixed with the morbillous, or these latter have become much altered ; are of a higher color, passing from a faint red to purple ; are more defined at their edges, and possessing more of the character of ecchymosis ; these changes mark a more severe disease. The decline of the petechiæ, when gradual, corresponds with the decrease of the fever ; but when it occurs suddenly, symptoms of debility have set in, and it indicates a fatal termination. The symptoms which attend these two forms of contagious fever can never be confounded. The ganglionic fever frequently runs its course without any attendant cerebral disturbance ; its symptoms then are, a feeling of uneasiness and pain on pressure at the epigastrium, suppressed secretions, loaded tongue, great thirst, headache in the forehead and temples, *morbillous petechiæ*, frequent pulse and prostration of strength. When the febrile action has extended to the brain, another set of symptoms take their rise ; wakefulness succeeded by coma, muttering, delirium, deafness, imperfect utterance, subsultus, *purpural petechiæ*, blotches and vibices, passive hemorrhages, involuntary discharges, and gangrene, constituting typhus in its worst form. The fever is often in its origin cerebral, and is then attended with purpural petechiæ only, and never in this case, as far as my observation goes, is either intermixed with, or succeeded by, the morbillous ; even although the abdominal viscera, as is often the case, should be consecutively attacked in the course of the disease.

Holding these views of fever, I consider the petechial eruption in every case to be diagnostic of the nature of the fever, and as whatever assists our diagnosis is a step gained in the treatment, I shall feel much gratified if the observations of others should confirm my views.

Acting on these principles in the treatment, and not considering fever to be in its proximate cause an inflammatory disease, I avow myself adverse to much bloodletting. Yet considering that unequal distributions of blood take place, and that particular organs frequently suffer from inflammatory action in the course of fever, I have found the abstraction of blood locally, and in small quantity, quite sufficient for the relief of those organs, leaving at the same time the system uninjured by the loss ;

for I always hold in view the absolute necessity of supporting the strength, to enable the patient to go through the disease.—*Lancet.*

CASES OF HEREDITARY SYPHILIS.

Dr. John Watson, of the New York Dispensary, relates, in the October No. of the U. S. Med. and Surg. Journal, the following cases, which strikingly exhibit the virulent nature of venereal diseases, and their strong tendency to hereditary transmission.

Case I.—In the summer of 1833, I attended a sailor's wife, who, while pregnant, had contracted gonorrhœa from her husband. Under an ordinary course of treatment, in a few weeks, the discharge in both husband and wife had ceased, or at least, had so far diminished they they quit the use of medicine. I informed the woman of the danger to which her child would be exposed, if any symptoms of the disease were remaining at its birth. She resumed the medicine for a time, and finally informed me that she had no morbid discharge—no difficulty in micturition, nor any other symptom of the disease remaining. A month or so afterwards she was confined. I did not attend her at the time, but the husband afterwards informed me, that soon after birth, the child had severe ophthalmia, and that it had lost the sight of both eyes.

Case II.—Alice Kenneda, aged nine months, was brought to the Dispensary January 2d, 1835. For four weeks after birth, she had been apparently healthy, but afterwards became covered with an eruption, which has continued ever since. The child is cachectic ; the eruption has degenerated into flat extensive mucous sores; one of the eyes is turned, and the patient is subject to convulsions. The mother stated that about six years ago she had the venereal disease, for which she had been put on an imperfect course of mercury. But with the exception of frequent rheumatic pains, she has never since had any other evidence of the disease about her, than as it appears in her progeny. She has had two children, the first of which died soon after birth, with an eruption on it similar to that of the present case.

I put both mother and child on a mild alterative course, but the infant slowly dwindled away, and died about the first of March.

Case III.—Elizabeth Hemmans, an English woman, aged 43, had syphilitic symptoms about seven years ago. These went off without any regular treatment. But the disease soon afterwards manifested itself in a constitutional form, and was subdued by a course of mercury. The disease was not eradicated ; for ever since, the patient has at intervals an eruption of pustules, surrounded by copper-colored blotches. She has also pains in her bones, and particularly in her forehead. Within this period, she has had three children, two of whom were, at birth, of a jaundiced hue, had eruptions on the skin, and survived but a few days. The third child is still living. He is a lusty little boy, enjoying tolerably good health, but, like his mother, he is cross-eyed, and subject to occasional eruptions. So far as I could observe them, the spots had the appearance of eczema, and would not have been taken as the result of hereditary syphilis.

Case IV.—P. M., four or five years ago, was a patient of the New York Hospital, admitted for syphilis. He was apparently cured of the disease; and with the exception of occasional pains in the chest, attended with cough, and a disposition to be easily affected by changes of weather, he has been tolerably well ever since. He has been married between three and four years, and so far as I can learn, his wife has always been healthy. Their first child died soon after birth, all covered with eruptions; and the second, at present about six months old, has had two or three crops of vesicular eruption, the first of which broke out eight or ten days after the child was vaccinated. The affection of the skin is usually preceded by indisposition, which lasts a few days. The child's general health is apparently good, and at present it has none of the eruption upon it.

Case V.—Thomas Dudley, four months old, was brought to the Dispensary, June 24th, with symptoms of hereditary syphilis. The father had had the secondary form of the disease, affecting his skin at intervals, for more than three years. The mother, within same time, had had both primary and secondary sores, and was treated with sarsaparilla and mercury, without being thoroughly cured. She has had three children since her marriage, that is, since the first existence of the affection. One of these died on the day of its birth, a second before it had completed its third month,—both with the eruption on the skin. The present child has had the peculiar small, red, and scaly blotches, so often seen in infants affected with this disease. The spots have existed about a month. They are generally diffused, but most abundant about the nates and groin. The skin, where not beset with spots, has a dirty, brownish yellow tinge. Around the mouth, and especially on the lower lip, the eruption appears to be vesicular, or, at any rate, moistened; and the integuments there are puckered up, so as apparently to contract the mouth. The child is cachetic, and has a phthisicky cough. The mother, though at present free from sores, is troubled with syphilitic pains.

I put her on the use of Plummer's pill and decoction of sarsaparilla, and the child was directed to have small and repeated doses of the hydrarg. c. creta, and the frequent use of warm baths.

By the 30th of June the eruption appeared to be declining; and on the 14th of July it had nearly disappeared, and the general surface was resuming its healthy color.

Case VI.—In the month of March last, I was called to see Mrs. Mc Cluskie, who had for some time been under treatment by another physician. Several parts of her body were set with a secondary syphilitic eruption. The spots were small and covered with minute scales, and the patient had acute iritis of the left eye. These symptoms had all appeared since her confinement, which had happened six or eight weeks previous. Her child, before the attack, had shown no marks of disease. But I now found the scaly eruption extending to the infant. Its skin, too, was of the dusky yellow tinge, already noticed in a previous case. The woman had not been married quite a year, and she informed me that soon after her marriage she had a slight purulent discharge, which lasted a few days, but she was not aware of any primary sores. I afterwards questioned the father, who acknowledged that, not long before his marriage, he had been under treatment for the venereal disease ; was treated by a respectable surgeon of Dublin ; went through what was considered a thorough alterative course ; had no sores about him when married ; and had not experienced any symptoms of the disease since.

The mother and child were treated on nearly the same plan as case fifth, and with the same result. The eruption, however, became for a time very abundant on the child, particularly about the nates, groins, back of the neck, and at the flexures of the knee and elbow. The cuticle on most of these places was at one time abraded, the surface much inflamed, and the child was much exhausted by the consequent irritation. But on the alterative course, aided with anodynes, and the use of a solution of lunar caustic as a wash, for which the alkaline lotion was afterwards substituted, the eruption disappeared. It was followed by a mild attack of pneumonia, and from this also the child recovered.

Case VII.—Joseph Daily, aged six months, was brought to the Dispensary on the 17th of July, with syphilitic symptoms similar to those of the two former cases. The disease was inherited from the mother. The child's head was deformed ; features wrinkled and withered up ; swellings and eruptions generally diffused, but most abundant on the nates ; eyes both inflamed. Parent and child put on the same course as the preceding cases. Result not ascertained.

Cases VIII., IX. and X.—On the 22d of June, I was called to a family in Grand Street, consisting of a woman (Mrs. Merthrop, aged 21), her child, a boy six months old, and a little girl aged 2 years, a niece of Mrs. M. They had all an eruption on the skin, the appearance of which led me to believe it syphilitic. The mother had small scaly spots on her neck and chest, and if I recollect rightly, it was pretty general, though not thickly set on her limbs. Her infant had an eruption about its mouth, and was covered with round discolored spots, which, at first view, might have been mistaken for water blisters recently broken, and rendered level with the skin. But on closer examination, there was no vesication to be seen. The surface of the spots was dark and studded with minute scales. The other patient, the little girl, had been ill from her birth, and had never had the use of her left eye. The surface of her body was also marked with the eruption.

The woman informed me that she had never had any primary symptoms on her private parts, that the eruption had appeared first upon her infant, who, for some days after birth, had been nursed by Mrs. M.'s sister, the mother of the little girl. This woman had for a long time labored under the venereal disease, and had been ineffectually treated for it at Bellevue. She had communicated it to her own progeny, and no doubt the disease was also communicated to Mrs. Merthrop's child by the breast, and from him in turn it was extended to the mother. I put the latter on the use of Plummer's pill, and the decoction. At the same time, the children took, as an alterative, the hydrargyrum cum creta. In a few weeks the mother and infant were free from all eruption, but so recently as the first of the present month, the little girl had still some of it upon her. It existed at the nates in the form of intertrigo.

In reviewing the foregoing cases, what are the inferences to be drawn from them ?

1st.—That where a pregnant female becomes affected with gonorrhœa, the subsidence of the discharge, and the disappearance of all the other ordinary external symptoms of the disease, even for many weeks prior to the delivery, are not sufficient to assure us that the infant will not be contaminated.

2d.—That when a female has the venereal disease in her system in a latent form, she may have children born with a syphilitic eruption upon them; or the eruption may break out soon after birth; or at the expiration of several weeks, or, lastly, not until some accidental disorder occurs to make it manifest.

3rd.—That the mother still continuing to bear children, each subsequent child will be affected with the disease in a degree milder than the former child, until finally the evidences of a syphilitic contamination become equivocal and confused.

4th.—That in infants the disease, though extending to other parts, is most disposed to affect the skin, and that the portions of the skin most severely affected, are at the nates, groin, the flexures of the joints, the mouth, and eyelids. The children severely affected, are generally cachectic, and the skin has a dusky, brownish yellow tinge, which, taken with the eruption, may be considered characteristic. The most common form of eruption in children consists of rounded and flattened spots of a copper or chestnut color, more or less deep. These are sometimes dry, and studded with minute scales. Or if the eruption appears near the joints, or at the folds of the skin, where one part rubs against another, the surface becomes broken and moist, sending forth a serous fluid, and presenting the usual appearances, when the spots are large, of eczema intertrigo.

5th.—That the disease may be extended from the infant to its nurse, and produce a diffuse cutaneous eruption on the latter, without any other primary sore than an abrasion of the nipple.

6th.—That a husband who has recently had the venereal disease, although considering himself cured, and without any external sore about him, may nevertheless communicate the disease to his wife and offspring; and that the longer the period between the subsidence of venereal symptoms in the husband, and his communication with the female, the less will be the risk of her having the disease.

Lastly.—I have reason to suspect, but do not state it as a fact, that a father, who, at some previous period, has had venereal symptoms, may communicate the disease to his offspring, without producing any external marks of its existence in his wife.

VEXATIOUS CONSULTATIONS.

[If, in the following paper, our correspondent has really drawn up a narrative of his own ill treatment, at the hands of a man identified with the regular profession of this orderly Commonwealth, it is clearly evident that the exhibition of selfishness, aside from all considerations of ignorance concealed, proves that his counsellor's reputation is suspended by a single hair.—Ed.]

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The following case is related for the purpose of directing attention to the much neglected, though very important subject of medical police in relation to consultations.

Case.—A boy falls from a tree some 15 or 20 feet to the ground, strikes the anterior external point of the shoulder, very probably, upon a stone or rock. The consequence is, a severe contusion of the soft parts at this point, and a fracture of the neck of the humerus. *Symptoms.*—There is much swelling, with discoloration, and a large ecchymosis at the anterior external point of the shoulder. The outer fragment of the bone is displaced forward about half an inch by strong contraction of the pectoral muscle, so as, together with the swelling, to produce considerable deformity of the shoulder. There is a depression behind and beneath the acromion process. The humerus hangs loosely by the side, the fore-arm flexed to a right angle with it. The arm can be moved backward and forward without resistance, and with rather obscure crepitus, but by rotating the bone a little in combination with this motion, a distinct jerk of the external fragment, with harsh grating of the fractured surfaces, is felt by the hand applied on the top of the shoulder.

The friends being much agitated and alarmed by the suffering of the patient previous to and during the examination, are extremely impatient to have " the bone set ; " and when informed by the physician in attendance that the only reduction necessary in the case, would be effected and maintained by the application of the proper dressings, they request that a consulting physician be called in before the dressings are applied, to which the attending physician readily consents. The fragments of the bone being then in apposition, and the arm in an easy position, the patient remains tranquil, except an occasional spasm of the pectoralis major displaces the exterior fragment forward, when the pain is renewed.

The consulting gentleman, a man of respectable standing and much professional experience, presently arrives ; and immediately on taking hold of the shoulder, pronounces it a dislocation of the humerus *forward* (memini, directly in face and eyes of the producing cause), and makes an attempt at reduction. The complaints of the boy being loud and reiterated, the physician soon desists from the trial. At this moment arrived another, a highly distinguished medical gentleman, who happened incidentally to be called. After a little further examination, the consulting physician modifies his diagnosis, and says that " the edge of the glenoid cavity may be broken off, so as to let the head of the humerus roll forward a little out of place, or if any bone is broken it must be the coracoid process of the scapula." The distinguished gentleman who had just come in, is then requested to examine the shoulder, but the consulting physician, with characteristic courtesy, retains his hold of the limb, and gives him no opportunity to do so.

To make the matter short, however, it is agreed that such dressings should be applied as would retain the parts in as natural and easy a position as possible, and that it be left with suitable medicinal appliances until the swelling subsides, when the after treatment may be adapted to meet the existing indications.

The dressing being finished, the distinguished gentleman departs. The consulting physician soon after leaves the house, not a word being said by any one about his further attendance. The physician first called and first in attendance, when about to leave, said to the father of the boy, "You will of course expect me to take charge of the case, and I will see him again to-morrow morning." To which the father replied, "he had no particular preference among the physicians, he was but little acquainted with either of them; but Dr. —— (the consulting physician) "told him, after he went out of doors, that he would see the boy again in the morning and take care of the case—and since the doctor had agreed to come, he could not very well then alter the arrangement." "Very well," says the attending physician, "if such an arrangement has been made, and he chooses to take the case under such circumstances, I have not a word to say. The patient is his."

The above is a simple narration of the material facts and circumstances in the case.

Now, sir, I desire to make some inquiries respecting professional etiquette in cases of consultation. In order to maintain harmony with our brethren, it would seem that some prevailing principles of conduct, some established rules of decorum, should be observed by consulting, towards attending physicians. Cases are frequently occurring, in many places, where patients are unceremoniously transferred from the hands of the regular attendant to those of the physician called in only for counsel; while the causes of the transfer, or the means by which it is effected, are entirely concealed from the former. Hence jealousies arise, and a state of feeling is produced sincerely to be regretted by every member who has any regard for the honor or respectability of his profession. Does not every case, of *right* and from *courtesy*, belong to the physician first called, until a different arrangement is made between himself and the other parties? or, at least, a desire for a change of attendants is communicated to him? Shall it be considered honorable for a physician to hold secret interviews with the friends of a patient on whose case he is called to advise, for the purpose, whenever in his power to do it, of purloining the case from his unsuspecting brother? Does it comport with the dignity of a professedly liberal and high-minded profession, for its members to grasp, with the rapacity of hyænas, at every case that comes within their reach, regardless of the rights of others, or even of the civilities due from one gentleman to another? If patients or friends desire a change of medical attendants, the thing may be easily and amicably effected; no *gentleman*, certainly, would object to gratifying their wishes. But, notwithstanding, abuse of privilege in this respect is practised, in some places in the country, to a disgraceful extent. The writer has known numerous instances, where patients have been clandestinely decoyed from the hands of highly respectable and skilful practitioners, by the cupidity and arts of some consulting and secretly officious neighbor.

Such practices are productive of nothing but hostility in the ranks of the profession; consultations are thus rendered offensive and even *odious;* and instead of administering to the relief of suffering humanity, they but too often aggravate the miseries of the patient, and are shunned by the medical attendant as he would a pestilence. The character of the profession is thus degraded from the dignity "of a learned body of savans," to a level with time-serving and mercenary knaves.

How can the jealousies and dissensions of medical men (for which they are notorious the world over) be avoided ? Doubtless the violation of consulting privileges is a fertile source of them.

You, Mr. Editor, and some of your gifted correspondents, are competent to set this matter in its proper light before the profession, and in a measure, at least, to correct the evil. Among the multiplicity of other topics of absorbing interest, the subject of medical police, especially in relation to consultations, has been too much overlooked. At least it has not been presented in such a manner, and through such channels of communication, as to produce a decided influence on the profession at large. Will not some gentleman favor your readers with an exposition of the rules of professional etiquette observed in consultations in the metropolis of our State, where the medical profession is distinguished for harmony in its councils, as well as for commanding talent and accomplished erudition ? Let your rules of decorum be promulgated through the columns of the medical journals ; let the subject be broadly discussed, and the sense of the profession had upon it ; not invidiously, but in its general application, so that some fixed principles and wholesome practices may grow out of it.

Your obedient, humble servant,

Worcester, *Mass. Oct.* 25*th*, 1835. Wm. Workman.

DENTAL SURGERY—COMMENTS ON COMMENTS.

[To show that we are willing to oblige all parties, the annexed communication is admitted, although full of criticisms upon a note of our own writing, which we discover no sort of reason for altering.—Ed.]

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In the last number of your Journal, dated Oct. 21st, under the head of Dental Surgery, you present the report of a Committee of the Counsellors of the Mass. Medical Society, relative to certain resolutions offered at a regular meeting of the Board in May last ; and in your prefatory remarks to that communication, you state that,

"A resolution was laid before the Counsellors of the Mass. Med. Society in May last, which had for its object an elevation of the practising dentist to all the privileges and immunities of the practitioner of medicine—making mechanical skill in a particular department of surgery, equal to the acquisition of abstract science," and that "the adoption of the resolution would, in fact, have been the declaration of a learned body of savans, that a knowledge of dentistry, alone, was equal to the sum of all that pertains to the healing art."

Now, sir, I am confident, that if you had seen and read the *three* resolutions which were referred to the above-named committee, you could not have made such a statement, but would have introduced the subject with remarks calculated to convey very different impressions from those in the Journal, above quoted.

There was nothing in the tenor or spirit of those resolutions which aimed to "an elevation of the practising dentist to all the privileges and immunities of the practitioner of medicine"—unless he shall have complied with the requisitions of the Massachusetts Medical Society in obtaining a medical education, and thereby have become *entitled* to these privileges, &c. whether he confine himself to one branch of his profession, or practise in all. There was no comparing of "mechanical skill to the acquisition of abstract science" in either of the resolutions. They were drawn up by an individual who would be among the last to think of representing "that a knowledge of dentistry, alone," or any other department of surgery or medicine, *alone*, "was equal to the sum of all that pertains to the healing art."

The resolutions were prepared to be presented to the Massachusetts Medical Society at their last annual meeting. They were shown to several distinguished members of that Society, and were fully and unqualifiedly approved by them. There was not time to bring them before the meeting; and therefore, with the advice of the members just alluded to, they were laid before the Board of Counsellors. The Committee of that Board have discussed the subject of them, not perhaps in a manner, in all respects, according exactly with the sentiment of the author of those resolutions, but they have expressed the same opinions in their report, with regard to the main objects; and the measure which the Counsellors have voted to recommend to the Society, by the acceptance of that report, is such, and such only, as was proposed in the resolutions themselves.

The only difference, therefore, is that, that Committee, after giving the matter a candid and faithful examination, were of opinion that the whole object proposed by the resolutions would be obtained by the amendment, or alteration of a single By-Law of the Society, which measure they accordingly recommended.

Relying on your candor, therefore, and trusting that you will willingly correct any erroneous impressions which your remarks in the Journal shall have made on the minds of "the advocates of order and method in the arrangement of useful knowledge," you are requested to insert this explanation in the next number of your Journal, and oblige

Your friend and obedient servant, J. F. F.

Boston, October 24th, 1835.

LECTURE ON ONANISM.*

[Communicated for the Boston Medical and Surgical Journal.]

THAT the vice which has been the occasion of calling forth this lecture has long existed to a deplorable extent, and that, as civilization has progressed, and society has become more and more artificial, it has frightfully increased, does not, we think, admit of a doubt. The medical profession have, at all events, long seen and lamented its ravages. But what could they do? And what, indeed, could be done by anybody?

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* A Lecture to Young Men. By SYLVESTER GRAHAM, Public Lecturer on the Science of Human Life. Providence. Weeden & Cory. 1834. 12mo. pp. 80.

On this question, not only medical men, but the rest of the world, are divided in opinion. One class maintain—and no doubt with the utmost sincerity—that to touch the subject is but to make things worse. They would ask, perhaps, in the emphatic language of Scripture—" Can one take live coals in his bosom and not be burnt ?" They even carry their cautions so far, in this matter, that they are sometimes slow to make those inquiries which are of the highest importance to some of their unfortunate patients.

But there is another class of the community, including a few medical men, who entertain very different sentiments. They believe that the silent course has long enough been tried ; that the evil in question, which has been increased by this long silence, and sometimes by connivance, must be encountered, and that speedily. With them the only question which remains, is—not, shall the evil be met ? for that is settled ; but " In what *manner* shall we meet it ? "

One of the forms of meeting those whom it is desirable to address on this subject, is by lecture. Another is through the medium of the press. A third, and by far the more important method, could it be secured, is through parents. These, under God, are the natural guardians of their own children ; and theirs it most properly is to warn them of the dangers to which, in every step of the journey of life, and especially in its earliest stages, they are exposed. But parents will not do this. Some are even in no small measure ignorant on the subject—first, of the evil itself ; and secondly, of its turpitude and danger. But the majority, though awake in some degree to the existence of an evil that threatens to undermine the constitution and destroy the hopes of the rising generation, as well as of the country, the church, and the world, *dare* not, for their lives, speak to those whom God has given them, of the vice or of its danger.

How shall this state of things be removed ? Shall parents be instructed, or lectured on the subject ? But how—when—and where ? Mr. Graham, the author of the work before us, has long considered this subject, and has done something. But he has met with difficulties. At length he has resolved to publish—not, however, as he says, without numerous and earnest and repeated solicitations.

He does not, indeed, expect that his work will be read extensively by parents, but chiefly by those to whom it was first addressed, and who, in the ordinary course of events, must, ere long, sustain that responsible relation. He hopes, in this way, to reach, though the process be indirect, a class of the community, in whom it is important to prevent, if possible, that which it seems next to impossible, when once rendered habitual, to cure.

In preparing the work, he has evidently been compelled, in no small degree, to strike out a new path. Nothing of much importance—nothing, at least, which tended to exhibit the subject in a proper, that is, in a physiological light—had yet appeared. " Tissot on Onanism," translated by a physician of New York, was before the public, but was objectionable in some of its details and terms. Alcott's " Young Man's Guide " had also been published a short time before the appearance of the " Lecture," but it contained only a single chapter on a topic which required a volume.

In these circumstances, such a work as the Lecture was thought to be demanded by the awakening public mind, and in answer to the voice of public and increasing inquiry. The result was the publication of the work before us. It presents alarming statements, but we fear they are too true. We beg every parent, or rather every physician who is a parent, to read the work himself; and if he regard it as we are compelled to do, he will endeavor to do good within the sphere of his influence by promoting its circulation.

Boston, *October*, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 4, 1835.

INFLUENCES OF RELIGION ON HEALTH.*

In looking over the pages of this novel production, we cannot otherwise regard it than as an extraordinary book. Although the author professes, apparently, a high respect for the character of the christian religion, generally, he would so prune it of its necessary accompaniments, to make it what he conceives it should be, not to affect the physical condition of mankind, that the infidel may turn to him with exultation, and glory in calling to his aid this treatise in confirmation of his disbelief. What sort of a revelation the author contemplates, it is extremely difficult to divine. He may calculate with great certainty upon one thing—viz. that all denominations of christians will be positively surprised at the birth of this anomaly of the press. Even the phrenologists, that sneered-at race of modern philosophers, who discover multiplied evidences of the truth of their science in the very oppugnation of a half developed world, have nothing comforting prepared for them here. But they are not the only ones uninvited to the intellectual feast. The medical profession, if possible, will find less to please or instruct them, than any other class of readers. Still, the construction of the book is such, and the classification of the absurdities of bigots and religious fanatics so methodically arranged, that it will be read;—but the reader must watch himself most narrowly, or he will be transformed into a sceptic. The chapter on revivals is enough to excite astonishment. Doubtless the author will by some be numbered among the insane, as the only charitable means of accounting for the violence and boldness of his thrusts against the churches, in this unique, equivocal essay, under the pretence of inquiring into the effects of religious excitement on the constitution, health, and worldly happiness of its subjects.

A large part of the book is made up of historical memoranda—true—every word true; but the sneer of the author is perceptible at a glance. He has selected just such paragraphs, here and there, and no others, as serve his purpose in showing that we are a priest-ridden people, zealous in cheating ourselves out of pretty much all there is with certainty to be enjoyed, while neither the physiological, the metaphysical, nor the therapeutic deductions amount to much.

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* Observations on the Influence of Religion upon the Health and Physical welfare of Mankind. By Amariah Brigham, M.D. Boston: Marsh, Capen & Lyon. 1835. pp. 331. 8vo.

Notwithstanding the general tenor of these observations, we are fully convinced that Dr. Brigham might have made a happier effort and secured the esteem if not the admiration of his cotemporaries, as he has indeed done in former works. That he is a thinker, cannot be doubted ; but his cogitations are like those of an envious man, soured against the world for not appreciating his merits.

We shall hereafter examine the medical influence and tendency of this volume, which more properly come within our province, not doubting that full justice awaits the author with regard to its theological bearings, at the hands of laborers who are competent to the undertaking.

PROPAGATION OF RINGWORM.

For successive years, Christ's Hospital, in London, has been notorious for the perpetual existence of ringworm. Notwithstanding the frequent change of officers, with a view to eradicating a disease which has been represented as having made sad havoc with the children of the institution, the latest accounts reiterate the melancholy and truly mortifying intelligence that all the medical skill exerted for subduing it, has been totally unavailing. Growing out of this evil, a sort of feud has been maintained between the governors and those who hold their appointments under them, productive of unpleasant consequences. Nepotism, a favorite practice with the great medical leaders of the metropolis, is said to have operated quite as unfavorably for the interests of this hospital, as any other ; and to this cause is imputed the difficulty of introducing men competent to the management of the inmates. Mr. Plumbe is now a candidate among others, for appointment, well known for his researches in a particular line of practice ; but his election is quite problematical, when the forces of those who have relations to be provided for, are arrayed against him. Feeling but a remote interest, however, in the success of any one who may solicit a station in a charity of such bad odor, it is still impossible not to be anxious for the reputation of the profession, learned as they must be, if they still remain unable to overcome a malady which any American physician would hardly consider of serious concern.

LOCAL MEDICAL DOINGS.

Very soon, the annual course of lectures will be commenced at the Mason Street College, which possesses as many advantages for medical education as any school in this country. It should be recollected that in connection with the daily instruction of the faculty, the great operations of surgery at the Massachusetts General Hospital, the clinical lectures by the professors and the various privileges arising from a matriculation at this institution, are of an important and advantageous character to the student. It seems impossible that a young man should place himself within the influence of all these aids to knowledge, and not profit by them.

A gentleman well known to the cultivators of practical anatomy, is prosecuting his favorite labor with great spirit and satisfaction, we understand, surrounded by a phalanx of pupils, as usual, with whom he has always been deservedly popular. A popular course of anatomical lectures and demonstrations is also about being announced for the winter season, by two gentlemen who have been many years associated in the same arduous pursuit.

In addition to these, there are two private medical schools under the immediate charge of several of the most eminent men in the profession, who give a distinction to them by the mere weight of their names ; but when it is known that each one actually takes upon himself the responsibility of conducting some particular department, in which the attending pupil must necessarily become thoroughly conversant, it will be readily perceived that the opportunities thus presented are certainly of a high order, and especially in the winter, on account of the greater facility with which dissections may be then prosecuted. If there could be added a professorship of comparative anatomy to the Mason Street School, it would be contemplated in a little time in the light of an indispensable accompaniment to a perfect system of medical education. We are extremely desirous of seeing some man of sterling acquirements in such a chair, contributing to the further usefulness and completeness of the public instruction of the lecture rooms.

Without minutely detailing the particulars in this paragraphic view of what is doing professionally in Boston, the above is sufficient to show that no exertions are wanting to sustain any reputation which our city may have heretofore acquired.

Spitting of Blood.—Cases not unfrequently occur in which much unnecessary alarm is created by the issue of blood from the mouth, which is supposed to proceed from the lungs or the stomach, but which, on examination, is found to have its source in the fauces, posterior nares, or the gums. A case of this kind is related in a late No. of the Dublin Journal. The individual, a delicate lady, awoke at five o'clock in the morning with what she called a "spitting of blood." The remedies resorted to were without avail, until the arrival of the second physician, who, on examining the mouth, discovered that the hæmorrhage issued from the sockets of two of the lower incisor teeth, which were loose. The bleeding was easily arrested, after extracting the teeth.

Tubercular Phthisis.—Dr. James Clark, of London, it is well known, is the author of several valuable medical treatises. An article from his pen on Phthisis, in the English Cyclopœdia of Practical Medicine, a short time since, was well received by his professional brethren in England, and he has in consequence been induced to republish it as a treatise in a separate volume. From its Preface we select the following paragraphs, in which the reader will discover the most important point in Dr. C.'s view of this disease.

"The total inefficiency of all means hitherto adopted for diminishing the frequency or reducing the mortality of this class of disease, is of itself sufficient incitement to us to seek for some other method of remedying the evil ; and it is evident to me that this can only be done, with any reasonable prospect of success, by directing the attention to such measures as are calculated to prevent the hereditary transmission of the particular morbid state in which the formal disease originates, and to correct the predisposition to it in infancy and youth. It is, accordingly, on this part of my subject, which involves the consideration of the origin, causes, and prevention of the disease, that I have more especially dwelt.

"By diminishing the disposition to this most destructive of all human maladies, we shall not only reduce the sum of its daily victims, but we shall raise the standard of public health, and at the same time advance the moral excellence of man, augment his mental capabilities, and increase the sphere of his usefulness ; for it need not be stated, that without sound bodily health the intellectual powers languish and decay."

Intestinal Convulsions.—Dr. McLeod, of Bridlington, in detailing a fatal case in a child, from eating unripe fruit, gives the following opinion, regarding the cause of the disease. A healthy flow of bile is unquestionably indispensable to the peristaltic motion of the intestines, and on the other hand, a vitiated secretion of that fluid must retard their vermicular motion and tend to detain acrid alimentary substances in the duodenum for a much greater length of time than is necessary for the process of nutrition. The accumulated exposure to animal heat consequently occasions the acetous fermentation, the disengagement of gas, excessive pressure on the extremities of the superior mesenteric and branches of the solar plexus of nerves which enter the viscera of the abdomen, and sympathetic affections of the limbs and other parts of the body, producing convulsions, and such depression of all the powers of the system, as, unsubdued, must terminate fatally. The idea is philosophical, and what renders it striking in these borrowing times, is the undeniable fact that it is perfectly original.

A new Device for the Sick.—A spiral spring bed, represented to be a most admirable invention for ameliorating the sufferings of the sick, has been offered the public by the Messrs. Lyman, of East Hampton, Mass. By forwarding us a minute description of its construction, accompanied, if possible, with a profile drawing, we might probably aid the inventors in extending the knowledge of the advantages to be derived from the adoption of the spiral spring bed—if it really possesses any.

Surgical Cutlery.—Instruments of exquisite workmanship are made by G. P. Schinely, New York. Those manufactured in Boston are not inferior to any specimens from Birmingham. This sort of intelligence is of such importance to operators in this country, that it always gives us pleasure to make mention of the mechanical skill of native manufacturers.

Course of the Cholera.—Italy is nearly free from this scourge of mankind, where its activity has been displayed in a most awful manner. At Genoa, the deaths were thought to have been between three and five thousand. One thousand deaths actually occurred in a single week.

Fresh Water.—In the Common Council of this city, last Thursday evening, an order was introduced by a committee appropriating the sum of $500,000, for the purpose of bringing a supply of good water into the city. Never was an improvement more obviously called for, than the introduction of good water into Boston. Still, however, we discover no positive indications of its very speedy appearance.

Luxation of the Forearm—successfully reduced after five months duration. —M. Roux has succeeded in reducing in a young man, twenty-two years of age, a luxation of the forearm of five months duration, and in which there was apparently complete anchylosis, for the forearm was posterior to the humerus ; the limb was extended, and it was impossible to effect flexion.—*Archives Générales.*

Died—At Sidmouth, Eng. of phthisis pulmonalis, James Paty, Esq. of the Royal College of Surgeons. He had secured an extensive reputation, and was well known through his writings. He was also the inventor of the hydrostatic injecting apparatus, for introducing fluids into the intestines without a syphon ; and the oviform ivory rectum dilator, for strictures in the lower bowels.

On the 17th inst., the Baltimore Medico-Chirurgical Society held a meeting in consequence of the death of Dr. Samuel Baker, of that city, an eminent physician, and adopted the following resolve, among several others equally honorable to the faculty. "That the Medical Faculty of the city of Baltimore deeply deplore the loss which they, in common with this whole community, have sustained in the death of the late Dr. Samuel Baker, in whom exalted professional worth was associated with a life of consistent piety, active benevolence, and strict professional courtesy."

Whole number of deaths in Boston for the week ending Oct. 31, 42. Males, 27—Females, 15.

Of rheumatic fever, 1—measles, 15—apoplexy, 2—dysentery, 2—throat distemper, 1—typhous fever, 4—canker rash, 1—consumption, 4—croup, 1—diarrhœa, 1—lung fever, 2—debility, 1—brain fever, 1—cholera infantum, 1—decline, 1—tumor, 1—child-bed, 1—liver complaint, 1—mortification, 1. Stillborn, 3.

ADVERTISEMENTS.

MEDICAL TUITION.

The subscribers have recently made some additional arrangements for the instruction of medical students. A suitable room is provided, as heretofore, for the use of the pupils ; the necessary books are supplied, and a systematic course of study is recommended. Personal instruction is given to each pupil in each of the several departments of medical knowledge. Every facility is provided for the cultivation of practical anatomy, which the present improved state of the law permits. This department will receive the constant attention of one of the subscribers, who will always give such aid and instruction as the pupils may need.

The pupils have free admission to the lectures on Anatomy, and on Surgery, in the Medical School of Harvard University, and to all the practice of the Massachusetts General Hospital ; and generally they have opportunity to attend private surgical operations.

The terms are, 100 dollars per annum ; to be paid in advance.

JOHN C. WARREN,
GEORGE HAYWARD,
ENOCH HALE,
J. M. WARREN.

Boston, October, 1835. Oct 28

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid.* J. V. C. SMITH, M.D Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price $3,00 a year in advance, $3,50 after three months, and $4,00 if not paid within the year.—Every seventh copy, *gratis.*—Postage the same as for a newspaper.

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CASE OF DERANGEMENT OF THE FACULTY OF LANGUAGE.

BY JOHN GRATTAN, ESQ. BELFAST.

G—— B——, Esq., aged fifty-six, a gentleman of a highly cultivated and vigorous mind, had, about two years since, and within a short period of each other, several attacks of paralysis, affecting the right side, from which he has only partially recovered. His daughter, to whom I am indebted for the details of the case, and who has perused and confirmed the accuracy of the present report, states that at first his speech was not affected. The first symptom which he manifested of any disorder in the organ of language, was an inability to remember the name of a place in the country, in which he was much interested, and which he called "*Red Well*," instead of "*Red Hall*," without appearing to be conscious of the error, as he seemed to be annoyed with his friends for not understanding him. Very shortly after, he became unable to articulate at all. The only words which he can at present pronounce are "aye" and "no;" and even in the use of these simple monosyllables he occasionally becomes embarrassed and confused, particularly if more than ordinarily unwell.

He understands distinctly and clearly everything that is said to him, and likes to have any interesting occurrence in the newspapers repeated, but does not attempt to read for himself. So far the deprivation of speech might be supposed to depend upon disease of the mechanical vocal apparatus. But if that were all, he should be able to communicate his thoughts in writing. This, however, he cannot do; and the great peculiarity of the case is, that while his efforts to put his thoughts on paper are uniformly abortive, and accompanied with such evident marks of mental confusion and agitation as to be distressing to his friends and harassing to himself—as though he felt provoked at being unable to accomplish what he thinks he ought to be able to do—he can calculate figures with perfect *accuracy* and *facility*, and even takes at times a pleasure in the employment. Of late, he has succeeded occasionally in writing an intelligible word, which has been observed to be always a proper name. In attempting other words, he so misplaces the letters as never to be understood. It is also quite apparent that the effort is unpleasant to him. Recently he wished to communicate something respecting a particular individual; and, after several efforts, such as writing *Hu*, *Hugh*, finally accomplished so much as to write intelligibly the word *Hugh*, and then turned to his daughter with an air expressive of a desire that she should help him by repeating the surname, which she did, naming different individuals who had that name, until he gave his assent.

In other respects, as far as can be judged under such circumstances, his mind exhibits no want of integrity whatever.

He took so warm an interest in the result of our contested election, as to go in a chair to give his vote, when he found his party was likely to be unsuccessful; and this contrary to the wishes and entreaties of his friends, who were apprehensive of its injuring his health. In money transactions, he shows as much acuteness as ever. He not long since made a transfer of some property; and, after signing the deed, and finding that it had been given to the purchaser before the purchase-money had been paid, he became quite unhappy until informed that the original deed of transfer to himself was in his own possession, when he was perfectly satisfied. He was also desirous of knowing how a certain sum of money had been appropriated, and would write down without difficulty or exertion the amount he wanted to inquire about, such as 800, 200, &c.; but for anything farther, he would only look and listen, expressing his assent or dissent, as his friends happened to hit upon his meaning or not. They are able to understand much of his wishes by the expression of his countenance.

The sound of his voice is as strong and clear as ever. He was always particularly fond of music, and still continues to derive great pleasure from it, keeping accurate time during its performance.

As he began to recover, he employed a schoolmaster to teach him to write with his left hand, and made unusual progress in that acquirement; but he can form letters accurately only when he has before him a copy from which to write, whilst he has no difficulty in writing figures, evidently showing that though Form is intact, Language, which associates the word with its symbol, being impaired, is incapable of exciting the former organ into correct action, whilst with calculation the fact is otherwise.

A most extraordinary peculiarity in this gentleman's head is the existence of two fissures in the skull, having the appearance of the fontanels in children, as if there had been an absorption of the bone, but lying, as far as I could learn from mere description, the one on the left nearly over the organ of *Veneration* and part of that of *Firmness*, and that on the right across part of the organs of *Conscientiousness* and *Hope*; and I am positively assured by his daughter, that his clerks could at any time tell when he was angry, without hearing him speak or seeing his face, but simply from the great *depression* which on such occasions occurred in those fissures, or, as they termed it, "the holes that would appear in his head," and that she has at different times observed the same phenomenon herself.

Viewing the circumstance physiologically, is it not possible that the excitement of Combativeness and Destructiveness causes, as in the case of blushing, a sudden impulse of blood to the parts, and that the unequal distribution of blood thus produced is attended with a temporary collapse of the organs of the moral sentiments, which are situated in the neighborhood of these openings, thereby diminishing the resistance which they afford to the atmospheric pressure? Whether this be the reason or not, the fact is indisputable: the appearance is described to be as if the integuments were "drawn in."—*Phren. Journal.*

CHLORIDE OF SODA IN FEVER.

A PAPER on this subject was read at the British Association in Dublin, by Dr. Robert Graves, who spoke of the remedy in the following terms :—

The chloride of soda was first recommended in fever in 1827, by Dr. Robert Reid, of this city, but had never been adopted by the profession, when I commenced a series of chemical experiments on its efficacy in 1832. Since that time I have employed it in many hundred cases of fever, and, on the whole, with satisfactory results. Many persons also, who have used it in the manner recommended, have expressed themselves in high terms of its utility. I have never given it in fever, except when the first stage is speedily followed by debility, and most commonly at a later period, when the well known group of symptoms generally called typhous are present. In inflammatory fever, in simple, continued, or in nervous fever, I have never ordered this remedy ; nor do I believe it to be of the least use in controlling the febrile excitement of ague or of hectic. Again, where fever is the consequence of some local inflammation, whether arising spontaneously or from an injury, the chloride of soda is quite inapplicable.

It is, in fact, only in that state of fever in which the disease may be termed simple, and where there are no local complications, that general remedial agents, such as the chloride of soda, can be employed. I was first induced to try the chloride of soda internally on an extensive scale, by the perusal of a very interesting pamphlet, written by Dr. Lawrence, the present archbishop of Cashel, a celebrated oriental scholar and an excellent chemist, published about three years ago, which may be strongly recommended to the notice of the profession. The mode in which I prescribe it is in doses of from fifteen to twenty drops every fourth hour, in an ounce of water or camphor mixture. How it acts I will not pretend to explain ; it is sufficient to say, that there is no remedy from which, in such cases, such unequivocal benefit is derived. It operates energetically, though not very rapidly, in controlling many of those symptoms which create most alarm. It seems to counteract the tendency to tympanitis, to correct the fœtor of the excretions, to prevent collapse, to promote a return to a healthy state of the functions of the skin, bowels, and kidneys ; in fact, it appears admirably calculated to meet most of the bad effects of low putrid fever. Of course it will fail, like all other remedies, when the disease has reached a certain point of intensity in individual cases. This, however, is no argument against the employment of a remedy of extensive utility and unquestionable value. This remedy has been extensively tried in fever by Chomel, with great success, and that excellent physician is still, I believe, engaged in making further clinical experiments on the subject. Dr. Dorr, of Marseilles, has published several cases of typhus, in which the chloride of soda was found beneficial in 1833. We have in Dublin always adopted the precaution of diminishing, as soon as possible, the strength and frequency of the doses. It was never continued beyond six or seven days. Dr. William Stokes has also found it gradually but steadily remove all the bad symptoms, and in all cases the patients had most favorable convalescences.

The solution used was that which is generally considered to be a saturated solution. Wine, stimulants, and nutriments, were also given with it, according to the exigencies of the case.—*Dublin Med. Journ.*

TREATMENT OF PERTUSSIS BY REVULSIVES.

It was Autenrieth who first distinctly pointed out the great advantages which may be obtained in the treatment of numerous cases of hooping cough, from the use of epispastics. Of these he gave the decided preference to the strong tartar emetic ointment rubbed on the epigastric region, until a very considerable irritation, and even a painful ulceration are fairly established. M. Corsin employed this practice extensively in an epidemic of the disease, which prevailed in Petersburgh several years ago, and he derived, he tells us, most decided benefit from its adoption. He was led however to modify the formula for this ointment recommended by Autenrieth, and to continue some anodyne with the tartar emetic. Subsequently he has preferred the use of a plaster, which he has found still more effectual than any other application. This plaster is composed of two parts of plaster of hemlock, one of Burgundy pitch plaster, and one of diachylon, to be spread on leather, the surface of the plaster to be then sprinkled with 6, 8, 10, or 12 grains of the antimonial tartrate. It may be applied either to the epigastrium, or between the shoulders. Usually in the course of one or two days, it induces considerable irritation; the skin is first reddened, and then a free eruption of pustules is brought out. The patient must continue to wear the plaster, until either the cutaneous irritation is so troublesome that he cannot bear it any longer, or until a decided relief to the hooping cough is obtained.

Case I.—A boy, 8 years of age, of a scrofulous constitution, was suffering from a severe attack of inflammatory pertussis, when Dr. C. was called to his assistance. A vigorous antiphlogistic treatment was immediately adopted; and when the active symptoms were once subdued, a plaster made of the ingredients mentioned above (two drachms of empl. conii, and one drachm of Burgundy pitch, and the same quantity of diachylon), and sprinkled with eight grains of tartar emetic, was applied between the shoulders. In 24 hours, it had occasioned a most troublesome itching of the part, which was inflamed, and covered with numerous vesicles; in other 12 hours, it required to be taken off, and the surface was dressed with simple cerate. The distress of the breathing was greatly relieved; the paroxysms of cough were already less frequent and severe, and the child was in every respect much better. On the following fifth day, the plaster was re-applied to the same part; the cutaneous irritation induced was speedily even more considerable than it had been before. Fortunately the relief afforded was proportionally great; for, from this date, a most decided amendment was conspicuous, and in the course of a few weeks, the child was free of every symptom of his troublesome disease. It deserves to be noticed that the internal use of the belladonna had been suspended after the application of the plaster, and that the only medicines exhibited were mild demulcents.

Case II.—The age of this patient was four years. During the preceding summer she had been affected with an obstinate porriginous eruption on the scalp; and, as this had disappeared, hooping cough set in and had affected her general health greatly, not only by the frequently repeated and severe paroxysms of coughing, but also by an almost constant irritability of the stomach, so that all food was rejected, as soon as swallowed.

A plaster of hemlock and Burgundy pitch, sprinkled with five grains of the antimonial tartrate, when applied between the shoulders, and a mixture composed of a mild bitter infusion, with the addition of syrup of poppies and of cinchona powder, was ordered to be given in repeated doses during the day. In 24 hours, the plaster was removed, for it had already induced a copious eruption of pustules. The sickness had quite ceased; and the cough was greatly mitigated. No second application was necessary; and this girl, in the course of a week or two, was pronounced to be well.

Several other cases, all of which evince most satisfactorily the admirably curative effects of the plaster we have described, are detailed by Dr. Corsin. He is inclined to explain the modus operandi of this external treatment, on the principle that there is in most cases of hooping cough, a tendency to the occurrence of some cutaneous eruption, whether this tendency be of spontaneous development, or whether it is the result of the retrocession of a pre-existent exanthem. It has indeed been often remarked that the severity of pertussis is frequently much mitigated on the supervention of impetigo, or porrigo.—*Lancette Française.*

PROTRACTED ADHESION OF A PORTION OF THE PLACENTA, WITH FINAL SLOUGHING AND SEPARATION.

BY JOHN A. SWETT, M.D. NEW YORK.

Prior to his departure for Europe, Dr. Swett placed in my hands a Case Book containing a collection of observations made by him in his dispensary practice. From this I have selected the following case. It is a singular one in showing, in the first place, the length of time that may elapse between the birth of a child and the total separation of the placenta; in the second, the symptoms that such a preternatural adhesion may occasion; and finally, the changes that the placenta may undergo, or at least a part of it, previous to its separation.

While the case was in progress, it was not, for some time, thoroughly understood. Several physicians examined it with the Doctor, and the general impression, I think, was, that the diseased appearance was the consequence of some change of structure in the cervix uteri itself. The feeling produced by the dry slough was peculiar, and might be compared to that from a piece of dried sponge.

New York, *Sept. 29th*, 1835. John Watson, M.D.

Mrs. Duffie, a healthy looking Irish woman, aged 25, was visited on the 28th of May, 1834. About six months before this time, she had, after a labor of twelve hours, given birth to her first child. She was attended, as she states, by an ignorant person, by whom the soft parts were very much injured, and she has been ailing ever since. Her symptoms when first seen, and for some time previous, were the following :

Pain and tenderness in the loins, extending along the sacrum and around the hips. This she calls an aching tired feeling. It is not so severe in the morning, especially before rising, as towards night,—but the difference is not considerable. Dysuria to a great extent ; tenderness, pain, and a sensation of weight about the fundament ; tenderness across the abdomen, most perceptible in the epigastrium.

On examination, per vaginam, the parts about the fossa navicularis were found thickened and hard,—contracting the external orifice ; the pelvis was capacious ; the uterus had prolapsed, with its neck inclining towards the sacrum, and the fundus resting against the bladder.

Within a few days, although still nursing her infant, the patient had menstruated. The discharge was darker than natural, and was followed by a leucorrhœa, which is still upon her, and is attended with an offensive smell. Her general health is somewhat reduced ; she is pale and feeble ; appetite impaired. She is inclined to nausea, with flatulence, and sense of oppression ; bowels constipated ; pulse small and feeble, no febrile excitement.

She was directed Ol. Ricini, 1 ℥. as a laxative ; to restrict herself to farinaceous food ; and to use a saturnine lotion.

June 2d.—The leucorrhœal discharge had changed its color and smell, becoming sanious and putrid. The os tincæ no longer to be felt, in consequence of a dry spongy mass of no great sensibility occupying the cervix uteri. This mass, through the speculum vaginæ, appeared black, and attached to the womb. The vagina as far as noticed, was healthy. The patient had now some fever, with occasional attacks of faintness, but her strength and spirits were not much further reduced.

June 7th.—The slough was found to be confined to the anterior margin of the os tincæ and cervix uteri ; the mouth of the uterus apparently elongated but closed. In the course of the vagina were several small yellow elevated spots, some of which were ulcerated. The patient complained of a throbbing about the coccyx. She was directed to use a lotion of chloride of soda, with laxative medicine and farinaceous diet. For two days previous to this, she had used an injection of diluted nitric acid—using at the same time the acid internally.

July 23d.—General health improved—the slough not occupying more of the healthy surface than formerly, but larger, and more projecting. Saw the patient with Doctor F. U. Johnston—concluded to do nothing further than to keep the patient on simple regimen, and to watch the natural progress of the case.

August 18th.—Patient able to take exercise, and has ventured to Staten Island. For three weeks no discharge from vagina ; but there is still occasional throbbing about the coccyx.

August 30th.—In making an examination, found the slough entirely separated. It was easily removed by the finger. It had probably lain detached in the vagina for some time, but prevented from being discharged by the contraction of the orifice. The slough was black, dry and tough. The lips of the os tincæ now appeared natural, and without tenderness—the uterus still prolapsed with the neck pressing towards the rectum. The patient of late had been over-working herself, and suffered from gastric irritation, with some febrile excitement. For the purpose of regaining her health she went for a short time to the country. During the severe period of her illness, and up to the early part of July, she had menstruated regularly, but she had an abortion on the 7th of October.

United States Medical and Surgical Journal.

SURGICAL CASES AT THE UNIVERSITY OF BRESLAU.

Prof. Benedict, of the above University, has published in Rust's Magazine a review of the surgical clinique for the years 1828 to 1833 inclusive. The facts connected with the medical and surgical practice in large hospitals are always valuable, and we avail ourselves of every means within our reach of presenting such to our readers. We have room this week only for the reports on lithotomy and cancer.

Lithotomy.—This operation was performed during the six years, thirteen times; once on a girl of twelve years, the rest on males, the oldest of whom had reached the age of fifty-three. All these patients were cured, with the exception of four, none of whom died immediately after the operation. Thus one of these four, a boy sixteen years of age, had been dismissed cured from the establishment, but died eleven weeks after of typhous fever. The second died fourteen days after the operation, when the left kidney was found in a state of suppuration, and the right one engorged. In the third case, death on the 11th day, evidenced suppuration of the left kidney, extending down to the pelvis. The fourth case was fatal on the fourth day from peritonitis. In reference to lithotomy, Professor Benedict relates a very curious case, which, on account of its termination, is worthy of record. The patient, fifty-three years of age, who had long suffered from symptoms of stone, was received into the hospital in 1816, but left it without an operation having been performed. After a lapse of twelve years the patient presented himself again, but during this time the calculus had acquired such a magnitude, that whenever the sound was passed between it and the bladder, it became locked. It was thought scarcely possible to remove the stone by an operation; however, this was undertaken, and the incision being prolonged considerably towards the rectum (which was not injured), the calculus was extracted after its outer shell had given way under the forceps. The stone weighed seven and a half ounces, without counting several fragments that were lost. On the fifth day the patient was seized with low typhous fever, without any signs of inflammation of the urinary or abdominal organs. The usual stimulants seemed of no avail, when the author accidentally learned that his patient was a confirmed brandy drinker. All other means were at once laid aside, and the patient given a *tablespoonful of brandy* every two hours. This treatment was followed by such happy results, that in four days the quantity of brandy could be diminished, and the patient was content with a glass at breakfast. The patient was discharged cured after some months.

Cancer.—The operation for cancer (not including cancer of the lip) was performed thirty-seven times. However, with the exception of one or two cases treated by arsenic and apparently cured, a *radical cure* was not obtained in a single case.

Extirpation of the breast was performed three times, and under circumstances apparently very favorable ; in all the disease recurred again. Of ninety-eight amputations of the breast, which the author has performed since he undertook the charge of the clinique, two ended fatally from exhaustion during the healing of the wound ; and in all the rest, with the exception of thirteen, the disease returned after the wound was healed, and terminated in death. With regard to the remaining thirteen, the author observes he is morally convinced that, in several cases, an error of diagnosis was committed, and breasts were removed that were merely affected with scrofulous tumors, sarcoma, or some other innocent change of structure.

The above results are worthy of serious attention, and serve, unfortunately, to confirm the opinion advanced by many surgeons, that in most cases cancer is a constitutional, not a local disease. After an investigation of a great number of morbid specimens of this disease, the author proposes to divide scirrhus into three kinds ; viz., the lardaceous, the hydatiform, and the knotty scirrhus. Passing by the two former as sufficiently known, the author gives some remarks on the latter that are not without interest. This is a rare affection, and, on account of its march, is frequently confounded with a malignant and fatal form of scrofula. The patients are generally affected with small knots in one or both breasts, which do not coalesce during the progress of the disease. After these, appear the ordinary tumors in the axillæ, and at the same time we perceive ranges of small knots along both sides of the neck, tumors in the inguinal region, on the shoulders, and in several other parts of the body. Each of the knots now mentioned remains isolated, but approaches the skin, and finally becomes attached to it. The integument here assumes a hard, cartilaginous feel, is covered with varicose veins, and turns into a single small cancerous tumor. The patients now generally suffer under pectoral symptoms, with abdominal derangement, and in all the cases which occurred to the author, death took place in less than six months.

Cancer of the lip was removed in fifty-one cases, all successfully except one, where the patient was in a state of great weakness at the time of the operation. The author, however, regards it merely as a *palliative* operation, as it invariably returns in some other part of the body, or in the cicatrix itself. There are indeed a few cases in which the tumor did not re-appear, but here it was evidently a local disease, produced by some external cause, and not perfectly identical with the cancerous disease. As far as the author's observations extend, this false cancer is generally situated in the red surface of the edge of the lip, and does not pass beyond it, is more flaccid, and is chronic in its march ; the sympathetic swellings in the neck are wanting. According to the opinions of modern surgeons, we may hope for a successful result whenever there are no tumefied glands under the jaw or in the neck ; but from the author's experience, the absence of these signs does not justify a favorable prognosis. Either small soft tumors of the glands already exist, as may be discovered by a minute and careful examination of the parts in the neighborhood ; or the lymphatic system is implicated, without any actual enlargement of the glands, which does not take place until some time after the healing of the wound.

CASE OF ANOMALOUS MALIGNANT TUMOR PROVING RAPIDLY FATAL.

BY JOSEPH COMSTOCK, M.D. LEBANON, CT.

[Communicated for the Boston Medical and Surgical Journal.]

Mr. J. F. M. was a tall, large man, of noble physiognomy, denoting the possession of a firm and talented mind, which he eminently possessed. Few patients that the writer ever lost, were so much missed from the friendly and social circle as Mr. M. He was intelligent, companionable, hospitable, wealthy ; had been a member of the State legislature, and much in public business—an excellent citizen and an excellent friend. The present writer had been his family physician for the last 16 or 17 years. Anterior to this period, I had from Mr. M. the following account, which for its singularity, it may not be irrelevant to notice.

He told me that he had a swelling under his tongue, in which it would appear suppuration had taken place, although I do not recollect his mentioning any discharge of matter. However this might be, he one day thought that he felt something hard projecting from this sublingual swelling. He took hold of it, and drew out a bone, I should think, by the account he gave me, about an inch and half in length, round, smooth, and about the size of a crow-quill. It was no exfoliation, nor was it externally introduced, but had formed in the part. His attending physician at that time, has since removed from the State, and carried this bone with him as a curiosity.

Before proceeding to give an account of the tumor which proved fatal, it may be proper to notice a few other preliminary circumstances. In January and February, 1827, Mr. M. had hemicrania, which was not purely a nervous* affection, as is I believe most common, but was highly inflammatory, and required *seven* bleedings to subdue the intensity of the pain ; and its inflammatory nature seems not to have been entirely overcome, for suppuration followed, ending in ozena, from, as the writer supposed, the left maxillary sinus.

Of all these affections, Mr. M. had entirely recovered. But he had a constitutional tendency, both before and since, to a flow of blood to the head, which required several bleedings and frequent cathartics, every year. If he was not often bled, he was troubled with headache, though never with hemicrania except in the instance already noticed. The writer visited and bled him in the month of March preceding his last illness. His general health was, however, good, and his spirits fine.

For a tumor, about the middle of the left lower jaw-bone, but not adherent thereto, I was called on Wednesday, April 29th. He was not at home when I came in, but soon arrived. No pain nor constitutional symptoms being felt, he did not confine himself to the house. He had met with no blow or other accident. It was something larger than a half hen's egg, and somewhat of the shape. No soreness was felt on pressure ; there was no hardness, nor no discoloration. It rapidly increased in size, spreading to the neck and throat, and on the succeeding Sunday had the appearance of a commencing suppuration, but still without pain or soreness. On that day, and the next, it was so much enlarged, that it caused some impediment to deglutition and speech ; and on Monday, the integuments had rather a dingy appearance on the left side of the neck, which was the first change of color noticed.

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* The last case of hemicrania which the writer had, was in a young widow. It had been of long standing, but was speedily cured by a lotion of the *cyanuret potassium*. This was purely a nervous affection.

Tuesday, the 7th day of its being first seen, the external signs of suppuration were less than on Sunday, and the parts internally were so much swollen, that no distinct view could be obtained of the fauces or parotids. To this time the patient had suffered little or nothing, not even in apprehension ; his spirits were good, and he detained me in cheerful and very amusing conversation, as long as I could possibly stay. I had, however, communicated my serious apprehensions of the case to the consulting physician, Dr. Peabody, of Norwich, a man of skill and science, and nephew of Mr. M. My patient, at this visit, even suggested to me to write to Dr. P. that it would not be necessary for him to visit him next day, as he had appointed. But this, without giving a denial, I did not think proper to do.

On Wednesday, how changed the scene ! Upon my morning visit, I found that the tumor had opened internally into the throat, evidently by mortification, of which the external parts also showed strong signs. Discharge internally small, but extremely fetid. Patient partially delirious ; his sense of smell was totally annihilated. This day was his only day of suffering, and it was great ; still no pain, but jactitation, impeded deglutition, and some difficulty of respiration. Has now a sense of his danger. The tumor, instead of subsiding by what it discharged, rapidly increased, and now reached the other side of the neck and jaw, with a dingy erysipelatous hue. Blisters, applied to his ankles, on account of the delirium, produced no soreness nor effect. In the course of the day the tumor opened externally on the side where it began, but not in the place ; the opening being higher up. This opening was by a small mortified fissure, 1-2 an inch or more in length ; the discharge was small, but terribly offensive. The edges of this fissure were thick, and rather hard. From the smallness of the discharge, compared with the size of the tumor, it appeared that the latter was cellular ; but it was not of the honey-comb form, which we have seen in anthrax. In the afternoon the abdomen became cold, although the pulse was good. At about 1 o'clock, that night, he died.

This was a case in which the absorbents became paralyzed, or lost their power, whilst the exhalants threw out a morbid matter, or which speedily became morbid. I had never seen but one case in a long practice with which I could assimilate this, and that I saw but once, in consultation. It was in a different part of the body, but came on suddenly, and was without pain, soreness, or discoloration, like the present. It was on the side of the abdomen, just above the os innominatum, in a student of medicine, and greatly alarmed the young doctor, but was very speedily cured by blistering its surface, and applying calomel in powder to the quantity of ʒij. per day. I at first proposed the same treatment to Mr. M. He consented to the blister, but had an aversion to calomel in any way.

The tumor of Mr. M. excited in me serious apprehensions from the first, and I had an opinion that nothing would be so likely to save him as a salivation. A solution of six grains of corros. sub. in a pint of decoction of Spanish sarsaparilla, was assiduously administered in doses of a whole or half a wineglass, but it failed of making any impression on the mouth. The torpid absorbents which failed of taking up, from the tumor, what the exhalants so rapidly deposited, also failed in carrying mercurials to the salivary glands.

When symptoms of mortification ensued, a decoction of bark, to which sulphate of quinine was added, was very liberally administered. Also laudanum, and the *baptisea*, internally, and externally in poultice.

Mr. M. had always been a good liver, but had latterly acceded to entire abstinence from ardent spirits. His age was 74, but he retained the vigor of a man of 50. As a castle, undermined, may fall without being broken, so fell Mr. M.

Lebanon, Conn. October, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 11, 1835.

DR. BELL'S PRIZE ESSAY.

Within a few days we have been put in possession of the manuscript of Dr. Luther V. Bell, Derry, N. H. which gained the prize of a Boylston medal, at the same time that Dr. Parsons, of Providence, R. I. received one for the essay on Cancer, published recently in this Journal. Dr. Bell's dissertation was upon the question—" What diet can be selected which will ensure the greatest probable health and strength to the laborer in the climate of New England? Quantity and quality, and the time and manner of taking it, to be considered."

The author first treats of the importance of the subject proposed by the Committee, and shows its bearing on mental and moral philosophy, political economy and medicine. Considerations on the natural food of man, together with his remarks on the crusade raised against the use of animal food, within a few years, by alimentary radicals, give a character to the whole article, highly creditable to Dr. Bell. Its entire and speedy publication may be looked for in our pages.

MEASLES.

There has been an unusual number of cases of this disease, of late, in this city. Although commonly regarded in the light of a very simple and easily managed complaint, the bills of mortality exhibit a degree of fatality which could hardly have been anticipated. We are at a loss whether the measles is actually epidemical or not. Certain it is, that at times there is a peculiar condition of atmosphere favorable to its development.

Thus far, the autumnal weather, this season, has been almost unparalleled : a serene sky and a genial sun have modified the temperature of the air, and produced the mild influences of summer. But would this be sufficient either to generate or increase the malady ? The catarrhal affection accompanying, and in fact now characterizing in a particular manner the measles, in this vicinity, constitutes its worst feature, and accounts, in some degree, for the unsuccessful efforts of the physician in subduing its unhappy progress, when once introduced into families where there are many small children.

From the circumstance that most mothers feel competent to prescribe for the class of patients who are ordinarily the subjects of measles, vast injury is done in the very beginning, by deranging the system, and rendering it, at least, vexatious for the physician, who is sometimes never called till it is altogether too late to prescribe with any hope of success.

It is worth remembering that those who have uniformly succeeded best in their therapeutic course, have given the least medicine. Mild cathartics, preceded by an active emetic, invariably indicated by an irritable stomach, are all that is demanded at the onset. If the cough becomes troublesome, nothing is easier than to meet it with demulcents. The simpler the treatment, the better. When a great variety of aperients have been administered, the pyrectic action is sensibly increased ; and in laboring to subdue one order of symptoms, another gains the ascendancy, and death results from causes wholly unsuspected. Measles belongs to the catalogue of self-limited ills : it can neither be hurried onward to a crisis, or sensibly diminished in force.

There is one grand mistake which young practitioners are exceedingly prone to make, in relation to the diseases of childhood. This is a fault, however, quite readily overcome, having its origin in a strong desire to be efficient and prompt in affording relief to those who have placed confidence in their professional attainments. It were almost unnecessary to advert to the mistake of changing the prescriptions too often—in a word, overdosing. "Slow and sure," is a caution that may be treasured up with advantage by them.

Before leaving the subject, however, we cannot refrain from expressing an opinion that one-third of the deaths reported to have been caused by measles, in the course of a few past weeks, were but remotely connected with that affection. In repeated instances, where death has resulted from inflammation of the mucous membrane, and the lungs were extensively diseased, common report has promulgated the story that measles was the immediate cause of death, when in fact it had no influence in the destruction of life. After an examination of the subject, we are fully persuaded, in the first place, that enanthesis rubeola does not prevail so extensively as some have been led to suspect. Secondly, in those families where it has been proclaimed to have been alarmingly fatal, there was unquestionably a defect in the mode of nursing throughout. The commencement was marked by injudiciousness on the part of parents, who sought assistance when it could be of little avail.

SOUNDS OF THE HEART.

At a late meeting of the medical section of the British Association, in Dublin, a report was read by a committee previously appointed to investigate the motions and sounds of the heart. Their experiments were performed principally on young calves, in which animals the heart is sufficiently large to admit of the actions and sounds being accurately observed, while their early age is favorable to the prolongation of the experiment. After having inserted a tube, connected with a pair of bellows, in the trachea, the sensibility of the animals was destroyed by a blow on the forehead, when artificial respiration was commenced, by means of which the pulsations of the heart were continued from one to two hours. When sensibility was suspended by prussic acid, the heart's motion was destroyed in a few minutes. We wish our limits would allow of the insertion of the interesting and animated debate to which the report gave rise. Many of the members present opposed certain of the conclusions arrived at by the committee, and advanced the results of their own observations as substitutes. These, however, as well as the experiments, we must entirely omit, and present in the following extract merely the conclusion of the report :—

"From the experiments on the sounds of the heart, it appears to follow :—1. That the sounds are not produced by the contact of the ventricles with the sternum or ribs, but are caused by motions within the heart and its vessels. 2. That the sternum and front of the thorax, by their contact with the ventricles, increase the aubibleness of the sounds. 3. That the first sound is connected with the ventricular systole, and coincides with it in duration. 4. That the cause of the first sound is one which begins and ends with the ventricular systole, and is in constant operation during the continuance of that systole. 5. That it does not depend on the closing of the auriculo-ventricular valves at the commencement of the systole, because such movement of the valves takes place only at the commencement of the systole, and is of much shorter duration than the systole. 6. That it is not produced by the friction of the internal surfaces of the ventricles against each other, as such friction cannot exist until the blood has been expelled from the ventricles, whereas the first sound commences with the beginning of the ventricular systole. 7. That it is produced either by the rapid passage of the blood over the irregular internal surfaces of the ventricles on its way towards the mouths of the arteries, or by the *bruit musculaire* of the ventricles, or probably by both these causes. 8. That the second sound coincides with the termination of the ventricular systole, and requires for its production the integrity of the semi-lunar valves of the aorta and pulmonary artery, and seems to be caused by the sudden check given by the action of these valves to the motion of the columns of blood driven towards the heart after each ventricular systole by the elasticity of the arterial trunks."

The Sphygmometer.—Some notice was given in the Journal, a few months since, of this newly-invented instrument, which is designed to render the action of the arteries apparent to the eye. Dr. Johnson describes it, in the Medico-Chirurgical Review, as "a complicated apparatus to be fixed on the arm, or on the chest, to indicate the action of the heart and arteries—an action that will vary from Alpha to Omega, while the apparatus is being applied, and which, after all, will not convey onehundredth part the information to the *experienced* practitioner, which the finger will indicate. To the inexperienced, it will only prove an ignis fatuus, and lead him into 'sloughs and ditches.'"

Singular Inquest.—An inquest was lately held in Ireland on an infant whose head was opened to save the life of the mother, after she had been two or three days in labor. It appears that some jealous professional neighbor instigated the inquest, but the unworthy object was not attained, as the jury brought in a verdict highly gratifying and honorable to Mr. Hayden, the surgeon in attendance. They considered, first, that the child was probably dead before the operation was performed; and, second, that, had it been otherwise, the mother's life absolutely depended on the operation.

Suicide by the Adder.—An instance of suicide in an adder by the bite of his own body, is related by Dr. Thomas, of Bristol, England. The animal was confined loosely in the folds of a thin lawn handkerchief, and after several energetic but ineffectual attempts to escape, deliberately inflicted a bite which quickly caused its death.

Eye and Ear Infirmary.—Very recently there was a meeting of the Board of Directors of this noble charity. We have not been fortunate in procuring the annual report, but understand it to have been highly satisfactory. In the nature of things, the business must be continually increasing. Every medical student in Boston should be a regular attendant on the surgical cases presented to the surgeons. Nowhere else can such a vast amount of information be acquired in relation to the diseases of the eye.

Health of Hop-growers.—Those who have been habitually engaged in hop-growing, have been so uniformly in good health, as to have attracted the attention of medical philosophers. In the barming district, so called, in England, in which from three to four thousand people are exclusively employed in the various preparation of hops, there has not been but one death for a long period. Formerly the business was deemed unhealthy, and Mr. Ellis, a very humane gentleman, engaged, at his own personal expense, the services of a physician to be constantly in attendance at East Farley, another famous hop-raising place. So far as observation has been made in the United States, an equal share of good health has been meted out to all grades of hop-growers.

Dr. Brewer's Pessary.—After repeated trials, the value of this simple instrument has become well established. The sales have entirely exceeded the inventor's expectations, and many have been disappointed in procuring it. The mechanic who entered into a contract to complete a certain number every week, having failed to fulfil his engagement, not a single pessary has been on sale for more than a month. If Dr. Brewer cannot supply a sufficient number to meet the regular demand, owing to the sluggish movements of a do-nothing silversmith, it would be commendable to turn him adrift, and give his custom to more active agents. As these pessaries are altogether superior to any before known, it is lamentable that they cannot be had at any price.—Will the doctor allow anybody else to manufacture them ?

Sir William Blizard.—A week or two since mention was made of the death of this venerable surgeon. He was the connecting link between the old and present system of surgery—being ninety-eight years old. His father was one of the old fashioned barber-surgeons, with whom the son served out an equally old fashioned apprenticeship, and then commenced his career of professional life with the high sounding title of *barber-chirurgeon,* of the Royal College of Chirurgeons. Sir William was undoubtedly, in early life, an excellent operator. At all events, his reputation was such that in all the changes arising from intestine quarrels between governors, treasurer and medical officers, during sixty years, he never lost his connection with St. Bartholomew's hospital.

Successful Excision in Hydrophobia.—A case is related by Drs. Tomkin and Varenne, of Essex, Eng. in which excision of the bitten parts, sixteen days after the bite of a rabid dog, and eight after the symptoms of hydrophobia had fairly set in, was followed by a permanent cure. Previous to excision, the liquor arsenicalis had been used, as well as unguentum veratriæ to the arm and throat—the little finger being the part bitten. Prof. Rust relates a case where the wound was excised thirty-one days after the bite, and after hydrophobic symptoms had appeared, and the patient's life saved.

Cholera.—From the old city of Nice, we hear that the cholera has wholly disappeared. The cordon sanataire, by which the public authorities hoped to fence the destroyer from the regions of the king of Sardinia, was finally removed on the 25th of September. As this pestilence travels with uncommon speed, we may soon anticipate its appearance at some new and unexpected point of attack.

As it should be.—A class exceeding one hundred, we understand, has been matriculated at the Massachusetts Medical College, since last week. Things are going on spiritedly, and the term promises to be one of high value to the students.

Woodstock Medical Institution.—An act incorporating the Woodstock Medical Institution has passed our Legislature ; so that the objections heretofore attempted to be made against the validity of its degrees, will probably be no longer urged. It is incorporated with power of conferring degrees, and all other powers incident to similar institutions.

We understand, however, that the connection with Middlebury College is to be continued, and the Faculty of Institution the same as last year. Lectures will commence on the 10th of March and continue 13 weeks.

Vermont Republican and Courier.

"Notes of Cases of Fracture at the Mass. General Hospital," were received too late for the present number.

Notice.—The following gentlemen are authorized to receive money due for the Medical Journal. Subscribers who are indebted for past years—of whom there is a much larger number than we could wish—as well as those who have not paid in advance for the present year, are requested to forward the amount due to one of these agents or to the publisher. Luke Howe, Esq. P. M. Jaffrey, N. H.; Israel Hinckley, Esq. P. M. Topsham, Vt.; Mr. Joseph Balch, Jr. Providence, R. I.; Charles Hooker, M.D. New Haven, Ct.; T. O. H. Croswel, Esq. P. M. Catskill, N. Y.; Samuel Freeman, Esq. P. M. Williamstown, N. Y.; W. A. Gillespie, M.D. Ellisville, Louisa Co. Va.; Mr. L. Dwelle, Augusta, Geo.; W. G. Dickinson, M.D. Franklin, Tenn.; J. R. Bowers, Esq. P. M. York, Washtenaw Co. Mich.; Hedge & Lyman, Montreal, L. C.

Died—In the ancient city of Jerusalem, of a brain fever, on the 28th of January last, Dr. Asa Dodge, belonging to the missionary service. He was a native of New Castle, Me.—and sailed from Boston Oct. 30th, 1832. Dr. Dodge was an estimable man, well qualified for the profession of medicine—his loss will be deeply lamented. He was a pupil of the late Dr. John D. Wells, of Boston, and received his doctorate at Bowdoin College.

Whole number of deaths in Boston for the week ending Nov. 7, 61. Males, 24—Females, 37.

Of measles, 24—mortification, 1—croup, 2—typhous fever, 4—lung fever, 4—teething, 1—scarlet fever, 2—debility, 1—bowel complaint, 1—diarrhœa, 1—inflammation of the lungs, 1—consumption, 7—dropsy on the brain, 1—canker in the bowels, 1—fits, 1—dysentery, 1—liver complaint, 1—infantile, 1—dropsy, 1—inflammation, 1—hooping cough, 1—accidental, 1—throat distemper, 1—bilious fever, 1.

ADVERTISEMENTS.

WASHINGTON MEDICAL COLLEGE OF BALTIMORE.

The Annual course of Lectures in this Institution will commence on the last Monday of October.
James H. Miller, M.D. Professor of Anatomy, Physiology and Pathology.
Samuel K. Jennings, MD. Prof. Materia Medica, Therapeutics, Hygiene, and Medical Jurisprudence
William W. Handy, MD. Professor Obstetrics and the Diseases of Women and Children.
John C. S. Moukur, MD. Professor Theory and Practice of Medicine.
John P. Mettauer, MD. Professor Surgery and Surgical Anatomy.
Edward Foreman, MD. Lecturer on Chemistry, &c.
Washington R. Handy, M.D. Demonstrator of Anatomy. This department will be open from the 1st of October. Sept 16—3t

MEDICAL INSTRUCTION.

The subscribers have associated for the purpose of giving Medical Instruction on the following terms:—

Convenient Rooms well furnished, with access to a good Medical Library, and the necessary facilities for demonstrative Anatomy and Surgical operations.

The privilege of attending at the almshouse and a private hospital, now in successful operation, together with the important cases, both in physic and surgery, which occur in a pretty extensive private practice. Terms—$50 a year.

JOSEPH H. FLINT,
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Northampton, Mass.

☞ Instruction in modern Dentistry will be given for a small additional compensation.
May 13. eop6m

VACCINE VIRUS.

Physicians in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar.* Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

AN EXCELLENT CHANCE FOR A PHYSICIAN.

A Physician in one of the western counties of New Hampshire offers to sell his stand, situated in a pleasant and flourishing village, and no other physician within five miles. For further particulars, inquire of the Editor of this Journal, or of Dr. Richards, of Claremont, N. H. Oct 7

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid.* J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price $3,00 a year in advance, $3,50 after three months, and $4,00 if not paid within the year.—Every seventh copy, *gratis.*—Postage the same as for a newspaper.

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BOYLSTON PRIZE DISSERTATION FOR 1835.

BY LUTHER V. BELL, M.D. DERRY, N. H.

[Communicated for the Boston Medical and Surgical Journal.]

"*What diet can be selected which will ensure the greatest probable health and strength to the laborer in the climate of New England? quantity and quality, and the time and manner of taking it, to be considered.*"

The subject of diet offers a wide scope for observation, experiment and speculation, as affecting our species in several important points. It concerns us:

1. As to our intellectual and moral existence.

The view of the relations between body and mind, their varied connections with, and reactions upon each other, presents a field of research extended and promising the richest and most interesting results to the philosophical inquirer; a field as yet little explored, but which it does not comport with the design of our present treatise to enter, or glance upon, except as incidentally illustrating our immediate purpose. Suffice it to observe, that, as it is now the perhaps generally received opinion, that the intellectual and moral faculties, if they do not exist in, are at least dependent upon material organs, an agent possessing such decided influence upon the bodily system, as the food cannot be denied to have, must produce no less marked indirect consequences upon the mental powers.

2. In its influence upon man in his civil and political relations.

The writers on political economy, and especially that branch of it involving the consideration of population, its increase and support, the capacity for productive labor, and in short, the entire view of man as a *laboring animal*, claim this as a topic of the highest interest and moment in their important investigations.

3. The connection between man's food and drink, and his bodily soundness, or the influence of diet in health and disease, known as the science of dietetics, is the province of the medical philosopher. It is one small portion of this copious topic, which we propose making an humble effort to elucidate;—expecting neither to astonish by dazzling hypotheses, nor to attract ephemeral attention or notoriety by the invention of novel plans of life, or by the resuscitation of the ancient schemes of Pythagorean or Utopian dreamers from their long sleep of death.

There is, it is conceived, a peculiar propriety in a treatise on diet which shall be applicable to the working classes of our community. Writers heretofore, in their researches on this subject, have had in view principally the wants and situation of the literary and sedentary, the rich and the luxurious, and this for obvious reasons ; the laboring man is little liable to suffer from errors of diet directly or even remotely. In the "march of intellect," the progress of which brings forward some fact and much fancy, the news may have reached even his ear, that he, in common with the more learned of his species, is guilty of errors, radical errors in his mode of life, which he had not even suspected ; that he has wandered widely from the natural laws of his physical system ; that he ought to make an entire alteration in his food to escape disease and secure long life ! Now to disabuse his mind of such chimeras, if such they are ; to give him some rational and intelligible views of what he errs in, and of what he is safe in pursuing, is a labor which is certainly not to be deemed unnecessary or superfluous. In attempting this, our aim is *utility*, practical, common-place, every-day utility ; to search out from sources of tried value, and re-convey in plain language, such practical, applicable information, as will enable even "the laborer in the climate of New England" to rise from the perusal of our essay, with at least some views which may make him a healthier, abler, and consequently a happier man.

"Contenta doceri, res ipsa ornari negat."

Our treatise will designedly be kept as close to the immediate question propounded, as possible, for two reasons ;—first, because any attempt to digress into the broad subject of dietetics in general, or the influence of food in disease, would necessarily require a research and examination the results of which would fill volumes, rather than the accustomed limits of a dissertation ;—secondly, that it is alone consistent with the expectation of producing a popular essay (for that seems to be the character which the language of the question designs), that it should be limited to reasonable dimensions as to quantity of matter, and free from professional or technical views as far as possible. Hence condensation will be attempted on a subject which, more than most others, tends to run into extended and discursive detail.

Such is the direct and obvious connection between health and aliment, that from the earliest history of man, his attention must have been compelled to this point of hygiene, or preservation of health. In the earliest of our books, the scriptural writings, we find ample proofs of this fact. An almost complete code of dietetics is laid down in that portion of the Pentateuch, which gives us the account of the journeying from Egypt of the chosen people ;—a code enforced by the immediate command of the Deity, particularly explicit and peremptory, still neither capricious or unnecessary, but founded on the nature of circumstances, and evidently adapted with wonderful sagacity and wisdom to the climate and to the habits of the Israelites.

The reader fond of this theological investigation may refer to a multitude of striking illustrations in the several books of Exodus, Leviticus, and Deuteronomy,* of the hygienic regulations of this people on their emigration to the land of Canaan. It would seem that their great simplicity of diet in general, their strict prohibition of numerous species of aliment, as well as their great attention to cleanliness, frequent ablutions, their geometrical and extended mode of encampment to secure free ventilation, &c. alone could have preserved a host of three millions, worn and dispirited, over the arid sands of an Arabian desert, from being cut off by epidemic disease.

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* Moyse a donné les preuves les moins équivoque, de ses connaissances profondes en médecine dans la partie de ses lois qui contient des preceptes d'hygiéne.
Sprengel. Hist. de la Med. T. I. p. 68.

The first author in medicine of whom we have the writings now extant, was Hippocrates.* His writings on medicine generally, and his treatise on diet especially, exhibit the high and almost exclusive importance which the "father of medicine" assigned to diet as a means for the prevention of disease and preservation of health and bodily vigor, as well as a curative agent.

From his age to modern times the medical writings of every age and country teem with dietetic precepts. To trace an outline of all the views, rational and absurd, of the thousands who have expressly treated on this subject, would require a volume alone. Modern philosophers, modern empirics, and modern innovators, it may well be imagined, have not allowed a topic presenting such rare opportunities, alike for profound research, for self-conceited and opinionated dogmatism, and for visionary novelties, to escape without inflicting on that patient animal, the public, more than its full burden of books.

The inquiry *what food is man designed by nature to use*, has always been considered as standing on the very threshold of the investigation into the subject of diet. It has been discussed, settled, re-argued and put to rest, a thousand times over, yet every few years sees some new disputant ready to enter the arena of controversy, or some new sect of fanatics ready to replace those who have "sunk to the tomb of all the capulets."

It is demanded of us at the present time to enter more fully into an examination of this part of the natural history of man, than we should deem it profitable or important, except from some circumstances, which have rendered it here in New England desirable that the doctrines on this subject should be placed in their true light before the public. The circumstances alluded to (and which it may not be improbable form the immediate origin of this question having been selected and propounded for discussion), are plainly these: an extraordinary and truly unparalleled change has occurred within a few years past in this portion of the United States, in a most important circumstance of the domestic habits of the people; this is, the disuse of alcoholic drinks, where once they were employed to an extent having a most essential bearing on public health, life and happiness. In the progress of this change, happily denominated the *temperance reformation*, great and valuable researches were made into the effects of stimulants upon the human constitution. Following this train, some extraordinary, and, to the unprofessional class, doubtless novel, views in regard to diet were broached and have been since pressed upon the attention, and that too by at least some men of scientific reputation, ingenious lecturers and individuals who from weight of personal character, or their position before the public, possess no limited influence. They have persuaded themselves, and labored hard to proselyte to their own faith, that the use of animal food, in all its forms and varieties, is a custom, unnatural, injurious to bodily health, and even prejudicial to intellectual and moral sanity ;—a custom at once unnecessary and inexpedient. How far, or how durably, they may have impressed the public with their views, time only can show ; at present it need only be said, that such effect has at least been produced, as to raise a laudable curiosity and wish for the truth, in the minds of many, deserving to be gratified.

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* On doit le [Hippocrates] considérer comme l'inventeur de la Diététique, qui a une influence si importante sur la conservation de la santé et sur la traitement des maladies.—Renarldin.

Their views and theories are by no means new or original. They date their origin at least as far back as the ancients, and they have been revived in every century from the time of Pythagoras to the days of the philosopher of Geneva.* "It is not intended to deny the right of ingenious men to propose innovations, and it is a fortunate circumstance that the public is as much too slow in coming into a practical acknowledgment of new truths, as men of erratic and visionary genius are too sanguine in promulgating and inculcating new hypotheses. It is dangerous to unsettle long-established truths, for it is difficult to limit the extent of error. The gratification of a morbid desire to be distinguished as the propagator of new principles in philosophy, or as the head of a new sect, is not the only result to be expected from such heresies. New opinions or doctrines, whether true or false, will have admirers and followers, and will lead to practical results, and the errors of one man may lead thousands into the same vortex."

Animals have usually been considered by naturalists and physiologists, as constituting two general divisions, the food of one of which is derived from the animal, and the other from the vegetable kingdom. A third general division, less universally acknowledged as founded in nature, comprises those whose aliment is derived alike from the nutritive substances of both. These last are known as the *omnivorous* animals. This division of animals is extended still further, constituting varieties characterized by the kind of food which is *generally* used by them, or which is pointed out to them by a brute, instinctive propensity. Thus animals feeding on flesh are termed *carnivorous ;* on fish, *piscivorous ;* on insects, *insectivorous ;* on vegetables, *phytivorous ;* on seeds, *granivorous ;* on fruits, *frugivorous ;* on the grasses, herbs, &c. *graminivorous* and *herbivorous.* Change of circumstances, necessity, domestication, &c. however, effect wondrous changes in what seem the natural, instinctive manner of selecting or avoiding different kinds of food.

The two classes of *flesh*-eating and *vegetable*-eating animals, are, as might, perhaps, have naturally enough been expected, *a priori*, constituted in a manner of bodily conformation so peculiar, and so differing from each other, that the naturalist under ordinary circumstances finds no difficulty in pronouncing with certainty what the kind of aliment naturally employed is, from an examination of the bodily organs ; and *vice versâ*, the aliment being known, he can decide with as little risk of error upon certain peculiarities of bodily conformation. This is especially true towards the extremities of that great chain of gradation by which the animal creation is connected. There however exist certain races of animals, the swine, bear, some of the monkey tribes, and, as many philosophers maintain, the human species, a deduction of whose natural propensities as to food, from their organization, or the reverse, would, to say the least, be attended with greater difficulty and hazard of error.

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* J. J. Rousseau.

The points in which the two grand divisions of animals, first named, are found to differ, are mainly in the organs of assimilation ; some minor modifications are also noticed, such as the comparative vigor of internal and external cônstruction, their temper and habits, peculiarity of the flesh as to putrefaction, &c.

Let us examine the most noticeable peculiarities of the masticatory organs of animals, as contrasted with those of man.

Carnivorous animals have the cuspidati, or canine teeth, very long and pointed, evidently designed to serve as weapons of offence and defence, in seizing, destroying, and lacerating other animals of less strength, ferocity or sagacity. In some varieties, as the cat kind, the lion, tiger, &c. these constitute formidable weapons. The molares, or grinding teeth, of the carnivori are elevated into pointed prominences, and the anterior teeth of the lower jaw shut behind or within those of the upper.

In the herbivori, these peculiar elongated teeth or tusks are wanting ; the molares have broad surfaces opposed to each other, and in many species the enamel is intermixed with the osseous structure of the tooth, so as to form sharp ridges on the grinding surface, by which it is better adapted to the minute division and trituration of fibrous substances.

In man, canine teeth are found, possessing, however, little resemblance to those in the carnivori, as they project little beyond the level of the others, and are evidently unfitted for the purposes fulfilled by the cuspidati of the carnivorous tribes. The teeth in man are analogous to those of the monkey race, having so strong a resemblance to some of those animals, in this particular, as to form the strongest of the proofs brought forward in support of his being a *frugivorous* animal ; an analogy or coincidence which we shall have occasion to demonstrate, is by no means conclusive or substantiable, as to this point. The human teeth, Mr. Lawrence* thinks, have no resemblance to those of the carnivorous animals, except that the enamel is confined to the external surface. The cuspidati are also less developed than even in the simiæ or ape-tribe. M. Virey,† however, remarks, that the lesser molares in man have a moderate development of points or tubercles, which with his cuspidati, constitute the carnivorous portion of this part of the human structure, whilst the flattened molares form the herbivorous characteristic.

It is on this relative number of the different kinds of teeth, that M. Broussonet has made the fanciful suggestion that the herbivorous is to the carnivorous nature of man in the ratio of 12 to 8 ; an idea, the absurdity of which is sufficiently manifest.

The monkey tribe, like man, have four superior and four inferior incisores, two canine, and ten molar teeth ; a variety, however, the sapajon, has two additional molares.

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* Rees's Cyclop. Art. *Man.*

† Dict. des Sciences Med. Art. *Homme.*

The carnivorous animals have six incisores in each jaw, two cuspidati, and from eight to twelve molares;—in the whole, from thirty-four to forty-two.

The order glires, or gnawing animals, as the beaver, rat, &c. have only two incisor teeth in each jaw, no canini, and from six to eight or ten molares, making a total of from sixteen to twenty-four teeth.

The ruminating animals without horns, as the camel, dromedary, &c. have two upper and six lower incisores, two to four canini, and ten to twelve molares in each jaw; total, thirty-four to thirty-six.

The horned ruminantia have no upper incisores, eight lower incisores, no canini (except in the stag, where they are found in the upper jaw), and twelve flat molares in each jaw; in all, thirty-two.

The solipedes, as the horse, &c. have six incisores in each jaw, two canini in the upper jaw, none in the lower jaw, and twelve molares to each.

The above instances present an obvious general correspondence between the structure of this part of the masticatory apparatus, and the kind of aliment and the mode of its prehension, appertaining to the animal.

The conformation of the muscles moving the lower jaw in the carnivori, is much more adapted to great power of action than in the other animals. The temporal and masseter muscles by which the motion of elevation is effected, are large and powerful; a deep depression exists in the cranium, giving space for the former, and a wide and elevated zygomatic arch, under which it passes. In man these muscles, and the form and size of this arch, are similar to those of the herbivorous animals, evidently not being designed for those powerful efforts in seizing and tearing to pieces living animals and food of great tenacity, which are requisite in the flesh-eating species.

The mode of articulation of the lower jaw is another point of distinction between the two great divisions. In the carnivori it is almost or entirely of the ginglymoid or hinge-like kind, allowing only of elevation and depression, or at most a very limited extent of lateral, or of forward and backward motion. This results from a peculiarity of structure; the condyles, or articulating extremities of the lower jaw, are broader laterally, and the glenoid cavity into which these are received very deep, having two very considerable eminences, anteriorly and posteriorly. The pterygoid muscles, the use of which is to effect a lateral movement, are very small. In the herbivorous animals, and in man, the articulation is so loose as to allow a free lateral movement, and the pterygoid muscles well developed and powerful. This movement is evidently essential to a grinding separation of the food, whilst the restricted motion of the jaw in the carnivori, and the angular, tricuspid and cutting conformation of their molares, are fitted for tearing to pieces their food, or dividing it perhaps by a scizzor-like action.

After leaving the organs of mastication, the stomach and alimentary canal are the next organs of digestion which exhibit a discrepancy between the two divisions of animals. And here we see an equally decided, well marked correspondence between the extent and structure of these viscera and the food of the animal;—the carnivori in general having their digestive apparatus much less complicated nd less extended than those subsisting on vegetable aliment. The stomach of the latter is much stronger and more muscular ; the length of intestine, compared with that of the whole body, much greater. In the carnivori, the alimentary canal varies from two to five times the length of the animal. In those living upon the blood of other animals, as the ichneumon, vampyre, bat, &c. the intestine is found only three times their length. In the lion, tiger, panther, &c. it is three times ;—in the wolf, four ;—in the dog, five ;—in the wild cat, three ;—in the domestic cat, living in part on vegetables, five. In the simiæ or ape tribe, the comparative lengths of the intestinal canal are found to be from six to eight times the length of the body, without including the inferior extremities in the admeasurement. Cuvier gives the following examples on this point.

In the gibbon (s. longimana) 8 ; mandril (s. maimon) 8.2 ; macaque (s. cynomulgus) 6.3 ; (s. patas) 6.5 ; (s. paniscus) 6.3 ; magot or Barbary ape (s. inreus) 5.4. The last named is considered by the French naturalists as *demi-carnacier*—half carnivorous.

In the vegetable eating tribes, the intestines are of much greater comparative length ;—in the sheep, 28 times ; ox, 22 ; camel and dromedary, 12 to 15 ; hare and rabbit, 12.

In the human species, the intestinal tube is ordinarily estimated by writers to be six or seven times the length of the body. In this admeasurement, it must be recollected that the lower extremities are included. If calculated as in the other animals, that is, the body and head alone being the measure, it is obvious that the comparative length will be materially affected, the ratio then being probably as 10 or 12 to 1, producing a more analogous resemblance between man and the herbivori, in this part of the structure.

In the carnivori, the large intestine, beside being comparatively short, is cylindrical in its form, whilst the herbivori have a large cœcum and a sacculated colon, besides in many species having a complex quadruplicated form of stomach. The sacculated form of colon is believed to exist in no one of the carnivorous animals.

In man the stomach is of a membranous kind, and moderate size, like that of the flesh-eaters, and contra-distinguished from that of the herbivori, which is muscular and capacious. The cœcum in man is intermediate in dimensions between the two classes, and he has a colon divided into sacciform appendages, by longitudinal and transverse bands.

The difference between these visceral organs, in the two kinds of animals, is manifestly adapted to a wise purpose. The vegetable eaters, sustained by aliment containing but a small proportion of nutritive parts, capable of separation in proportion to the bulk of material ingested, require organs which will admit of the reception of a considerable quantity of food at once, a long delay for trituration, maceration, absorption, and the other processes of elaboration and assimilation, necessary to extract the nutritive particles from the mass of woody fibre and refuse unnourishing vegetable principles.

The same principle of the adaptation of organs to the nature of the food instinctively preferred, or at least generally employed, does not stop short in a defined and distinct line between what have been known as the flesh-eating and vegetable-eating animals. It may be traced still further in the individuals of both these classes. For example, we shall find, amongst the carnivori, the digestive apparatus of those living by sucking blood, or on softened flesh or putrefying carcasses, is much less vigorous, muscular and extended, than in those destroying their own prey, and devouring on the spot, like the feline races, "the entire animal," muscle, tendon, ligament and bone. An original difference of instinct, or propensity for different states of aliment, is also correspondent to this variation of structure. The lion, the tiger, &c. will never, except when compelled by urgent hunger, devour flesh in which decomposition has taken place; nor, on the contrary, will the ichneumon, hyena, &c. devour the recently killed animal, unless impelled by the same imperious necessity. Again: amongst those whose instinctive propensity leads them to a subsistence on vegetable food, the complexity of their organs differs according to the nature of their aliment; the grass-eating animals have a very different digestive organization, from that of the frugivori; and those instinctively selecting hard grains and seeds, are supplied with a still different and peculiar apparatus for grinding and thus fitting their unyielding aliment for assimilation.

[To be continued.]

NOTES OF SOME CASES OF FRACTURES,

TAKEN AT A SURGICAL VISIT AT THE MASS. GENERAL HOSPITAL, IN OCTOBER.

[Communicated for the Boston Medical and Surgical Journal.]

UN-UNITED *fracture of the thigh-bone.*—The patient, an athletic man, about 25 years old, broke his thigh three months before admission to the hospital. He was carefully treated; but on removing the apparatus, 42 days after the accident, the bone was found to bend forwards, and he could not afterwards recover the use of the limb. The fracture was found to be at the termination of the upper third of the thigh-bone; which upper third projected forwards, and by the sharpness of its extremity showed that the fracture had been oblique. The limb was shortened an inch and a half, the foot turned out.

Dr. Warren stated that it might be necessary to cut down to the fracture, divide the newly-formed substance between the fractured parts, and afterwards treat the case as a recent fracture; but that he should prefer trying the effect of compression and rest previously.

The apparatus of Mr. Amesbury was then applied; but after three days trial the flexed posture was found not to admit of keeping the limb in a state of perfect rest, nor of making the compression desired. This apparatus was therefore removed, and the following substituted. 1. The limb was tightly rolled with a circular bandage. 2. Two strips of wood were applied, one extending from the upper edge of the os innominatum to the foot; the other, placed on the inside of the limb, from the groin to the lower part of the foot. These were rolled in a splint cloth and properly padded, and secured by tapes around the limb; the pelvis was encircled by a broad band which included the upper end of the outer splint. The pelvis band was kept in its place by a groin band. The splints being thus fixed, a circular bandage was rolled over them from the pelvis to the foot. The apparatus thus applied, was so firmly and compactly fixed, that the limb or the patient might be readily moved without disturbing the fracture. Finally two straps were buckled on the limb, over the fracture, and drawn as tightly as the patient could bear. A cradle pillow within was placed over the foot and leg.

As soon as the straps were applied, the patient began to experience pain in the fracture; but being satisfied it was the effect of a salutary operation, he bore it quietly. The pain continued fifteen days. Three days after it had ceased, that is, on the eighteenth day, the apparatus was removed. The bone was found united; the limb about its natural length, and the foot not turned out.

The compression made by the circular straps brought on the ossific inflammation; and at the same time forced the oblique and overshooting bones into their natural situation, so as to restore to the limb its proper length and position.

Compound fracture of the leg.— ——, aged 30, fell and fractured the two bones of the leg below the middle. The fracture was oblique. The tibia protruded anteriorly. Much inflammation and constitutional affection followed, but the patient's habit was not such as to authorize depleting remedies. The limb was placed in the fracture box of Petit—well cushioned and kept without splints, until the swelling had subsided and the wound healed. The bones were then not united, and the patient complaining of a want of pressure, about the fracture, splints were applied and union took place without difficulty.

This and the former case show that compression is not only necessary to retain the bones in position, but to aid the uniting process.

Speedy union of the os humeri.—A British sailor boy, making his way from Canada to the United States on foot, being without money, undertook to assist a farmer, on the road, in getting in hay—and from the haymow fell backwards to the lower floor, and fractured the os humeri. A surgeon in the vicinity reduced the fracture and applied splints very closely. The lad prosecuted his journey, and having no place to resort to, came at once to the hospital, was admitted, and the fracture being examined, an irregularity was distinctly ascertained; but the bones scarcely moveable on each other, and in two days after they were perfectly united, though still tender.

——, aged 19, broke his thigh bone at the termination of the inferior two-thirds, by falling from the side of a vessel. The fracture was oblique. The patient being a stout healthy young man, was bled twenty ounces. Then the bones being brought into place by extension, were secured by four thigh splints—and the straight machine for fractured thigh was applied, well padded, and supported by a cradle, so as to produce a perfect immobility of parts of the limb on each other. The patient had no pain after the apparatus was applied, and the limb being examined on the seventeenth day, no motion could be found at the fractured part. He was kept still till the 28th day, when he was permitted to rise. On the third trial of his limb, he remained so long upright as to cause fainting. The lifting him to the bed hurt his thigh, and the consequent tenderness was so great as to require two weeks more of confinement.

Compound comminuted fracture of the thigh.—Two of these cases exist in the hospital. These patients were not bled, but required a supporting course. Great suppurations, exfoliation, erysipelas and diarrhœa occur. In the patient first brought in, union has taken place, while suppuration and exfoliation are still in progress. The other has diarrhœa and enormous swelling of the limb, so that it is not probable he will recover.*

The straight posture of the limb in fractures of the thigh has been generally preferred in this hospital; and its success has fully justified this preference. Two long and narrow splints connected at the lower extremity, are applied on the principle of Desault's apparatus.

Boston, November, 1835.

THE SCIENCE OF LIFE.

EXTRACTS FROM A PROEM TO A COURSE OF LECTURES AT BOYLSTON HALL.

BY S. GRAHAM.

[Communicated for the Boston Medical and Surgical Journal.]

In regard to almost everything in nature, except human life and health and disease, mankind are ready to acknowledge that there are fixed principles and permanent laws, and established order and system.

They do not believe that there are any fixed laws of life, by the proper observance of which, man can, with any certainty, avoid disease and preserve health, and prolong his bodily existence :—and they are confident that the experience of the human family in all ages has fully and conclusively demonstrated the correctness of their views.

Thus, we are told, it is completely demonstrated by the experience of all nations and all ages, that human life and health and disease are matters either of absolute fatality or perfect contingency—and that in regard to them, there is no fixed philosophical relation between cause and effect : and therefore, the life, health, disease, and diet of man, cannot be governed by fixed laws, nor made matters of systematic science.

This reasoning, at first view, appears forcible and conclusive—but when thoroughly examined, it proves to be entirely fallacious :—and the more deeply and extensively we push our investigations on this subject, the more fully are we convinced that human life, health, disease, diet, and general regimen, are matters of as pure and nearly as exact science as mathematics. Indeed, the science of human life, or of human nature, is far the most profound and important subject that has ever occupied the attention of man—and in order to the most perfect understanding of it, a knowledge of all other sciences is requisite. In fact, it may almost be said that the science of human life consists of the sum of all other sciences systematized into one !—and the only reasons why the notions of mankind are so vague and erroneous on this subject, are that they never study it as a science ; and most or all of their opinions are the results of *feeling*, or what they mis-call experience, rather than of deep reasoning and philosophical investigation. Nor is it surprising that it should be so, when the nature of man as a rational animal, and the circumstances in which he is placed, and the influences which act on his natural and moral susceptibilities, are accurately considered.

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* Since these notes were taken, he has died.

It is obvious that in the general progress of things, by which new wants are continually and rapidly generated and multiplied, there is little to lead the mind of man to study the laws of human life, or to examine the dietetic and other habits and circumstances of civic life, with reference to health and disease.

The artizan who manufactured the first rude cup or goblet, probably never gave a thought to the question whether water or some other liquid is best adapted to the natural wants of man :—and since him, the thousands who have been employed in the same line of art, have seldom, if ever, been led, by their occupation, to inquire whether wine, tea, coffee, and other alcoholic and narcotic beverages, are adapted to the real wants of the human body, and consistent with the laws of life and health. On the contrary, the very employment and circumstances of every artizan require the constant application of his mental powers to the principles and operations of his art, in order to his immediate success as an artizan, and to his ultimate pecuniary success as a member of society. And this is also true of almost every other member of society. The wants of civic life are so numerous, and constitute so important a part of the very texture of social and domestic life, that every man finds nearly his whole time and attention taken up in supplying them.

It is true that disease multiplies in society, in proportion as man removes from a pure state of nature, and becomes more and more an artificial being in his habits and circumstances :—and this leads to the study of the healing art—and ultimately to the study of anatomy and physiology. But, even here, the general tendency of things is far less favorable to the accurate and profound study of the science of human life, than is generally supposed.

Disease always precedes the physician :—and the sick are only concerned to know how they can obtain the most speedy relief from their sufferings. The question with them, and with their friends, is not, how they come by their sickness, or by what violation of the laws of life it has been induced—but by what remedies they can remove the disease and restore health.

The domestic therapeutics of the earliest stages of society is generally extremely simple, and is perhaps governed at first by the morbid cravings of the patient, by accident, and finally by experience. If by any means the disease is removed, the remedies and measures employed are carefully remembered, and used again when similar cases occur ; and in this manner, every tribe and almost every family soon acquire their system of pharmacy, and their theory and practice of medicine.

As society advances and diseases become more numerous and frequent, it follows, as a necessary result from the natural order of things, that individuals become devoted to the study of remedies, and to the care of the sick ; and thus physicians originate. The office is, perhaps, more frequently at first confined to the priesthood, who employ, with their simple remedies, an abundance of superstitious juggling and incantation and exorcism.

In time, however, some master-spirit, like Hippocrates, rises up, and digests the chaos of crude elements into something like order and system. But it is obvious that, from the first rude origin of these elements, to their systematic arrangement, everything is done simply with a view to *cure* the disease, and without any regard to its cause :—and, indeed, the disease itself is generally considered as the direct and vindictive infliction of some benevolent or malevolent supernatural being or beings ;—and, therefore, in all the progress of the healing art, thus far, not a step is taken towards investigating the laws of life and health, and the philosophy of disease.

Nor, after medicine had received a more systematic form from the plastic hand of Hippocrates, did it lead its votaries to those researches which were most essential to its success, and which its great importance to society demanded ; but like religion and everything else in the hands of man, it became blended with the grossest superstitions, errors and absurdities. Hence, from the earliest traditions of Egypt, until comparatively modern times, the history of medicine, with very limited exceptions, is a tissue of ignorance and folly, error and absurdity ; and only serves to demonstrate the absence of that knowledge upon which alone an enlightened and successful system of medicine can be founded ; and to show to what extent a noble, and we might perhaps with propriety say *divine* art, can be degraded, and perverted from its high capabilities of good, to almost universal evil, by the gross ignorance and sensuality and superstition and cupidity of man.

In ascertaining and defining the symptoms of disease, with reference to the application of remedies, some of the ancients certainly did much for the healing art ; and they undoubtedly made considerable attainments in the knowledge of anatomy and surgery. But we ought to know that all this may be done with almost entire ignorance of the laws of life, and the true philosophy of disease. Still, however, it must be admitted that with all the disadvantages under which he labored in regard to physiological knowledge, the therapeutic views of Hippocrates were such as justly entitled him to be called " the father of medicine."

In modern times anatomy and surgery have been carried perhaps nearly to the point of perfection ; and very great attainments have been made in physiology. The science of human life has been studied with intense interest and remarkable success : but this has been confined to the devoted few; while, even in our own day and in the medical profession itself, the general and powerful tendency of things is adverse to the increase and diffusion of scientific knowledge in regard to human life, health and disease.

Intent, as all men are, on present enjoyment, they are little inclined to practise self-denial for the sake of a future good which they consider in any possible degree contingent ; and will only consent to bear the cross when compelled by necessity, or when they find it the only means of shunning imminent destruction, or of escaping from intolerable evils. Hence, so long as mankind are favored with even a moderate degree of health, they rush into the eagerly desired excitements of their various pursuits, and pleasures and indulgences ; and nothing seems to them more visionary and ridiculous, than precepts and regulations and admonitions concerning the preservation of health. While they possess health, they will not believe that they are in any danger of losing it—or if they are, nothing in their habits or practices can have any effect, either in destroying or preserving it; nor can they be convinced of the universal delusion, that if they enjoy health they have within themselves the constant demonstration, that their habits and practices are conformable to the laws of health, at least, in their own constitutions. They will not, therefore, consent to be benefited, contrarily to what they regard as necessary to their present enjoyment, neither by the experience nor by the learning of others.

The consequence is—as a general fact—that while in health mankind prodigally waste the resources of their constitution, as if the energies of life were inexhaustible—and when, by the violence or by the continuance of their excesses, they have brought on acute or chronic disease, which interrupts their pursuits and destroys their comforts, they fly to the physician, not to learn from him by what violations of what laws of life and health they have drawn the evil upon themselves—and by what means they can in future avoid the same and similar difficulties; but, considering themselves as unfortunate beings, visited with afflictions which they have in no manner been concerned in causing, they require the exercise of the physician's skill in the application of remedies by which their sufferings may be alleviated and their disease removed. And, in doing this, the more the practice of the physician conforms to the appetites of the patient, the greater is his popularity, and the more cheerfully and generously is he rewarded.

Everything, therefore, in the structure and operations of society, tends to confine the practising physician to the department of therapeutics, and make him a mere curer of disease; and the consequence is, that, excepting the few who are particularly favored by their situations as public teachers, the medical fraternity, even of the present day, have little inducement or opportunity to apply themselves to the study of the science of human life, with that devotedness and zeal and perseverance, which the profoundness and intricacy of the subject require. While, on the other hand, almost everything by which men can be corrupted, is continually presented, to induce them to become the mere panders of human ignorance and depravity and lust;—and if they do not sink their noble profession to the level of the vilest empiricism, it is owing to their own moral sensibility and philanthropy and love of virtue, and magnanimity, rather than to the discriminating encouragement which they receive from society, to pursue an elevated scientific professional career.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 18, 1835.

HOUSE OF INDUSTRY HOSPITAL.

A few mornings since, we visited this institution, with reference to an examination of the medical department, which, from small beginnings, has become an important practical school, where the pupil is brought in daily contact with almost as many diseases as are registered in modern books of practice.

An almshouse embraces, necessarily, a class of people who from various causes are incompetent to provide for themselves. Though some are compelled to seek a home there from the evils of honest poverty, which a life of sobriety and industry could not withstand, a majority of the adult inmates may be regarded as the victims of many vices, whose direct tendency is to break down the physical constitution, and lay the foundation of organic diseases, which neither medicine can overcome, nor an old age of regularity make comfortable. Growing out of this condition of individual incapacity, profligacy, and, frequently, absolute moral degeneracy, the children of such parents, in the earliest dawn of infantile existence, are thrown upon the tender mercies of the community, to become the subjects of the same institution, and are oftentimes tainted with the corrupt blood that flowed through the polluted bodies of those who brought them into a helpless and dependent existence. The young and the old, therefore, of both sexes, are congregated in this lazaar-house, where they sometimes remain a quarter of a century, the living monuments of that species of wretchedness which results from innate depravity, or hereditarily exhibit the utter unworthiness of the stock from whence they came. Thus, the lame, the halt and the blind, are in such places actually omnipresent: every hour in the twenty-four has its peculiar interests, so far as it relates to the manifestations of the body diseased. Here, then, is a peculiar opportunity of studying pathology under the most advantageous circumstances.

In a general and hasty examination of the hospital, in which such only are allowed a bed, as are positively suffering either from an acute curable, or a painful incurable malady, we were struck, as we always have been in similar establishments, in this and other cities, with the predominancy of affections of the heart, or derangements of the system immediately depending on the irregularity of the action of that important organ. It is probable that the paroxysms of excitement to which many of these unfortunate beings have been subjected at one period or another in the course of their irregularly spent lives, produced sudden changes in the interior of that vital, life-dispensing agent, which no skill could countervail, were their exact nature understood, and which slowly, but inevitably, conduct to certain death.

Another order of infirmities which seem to be concentrated there, embraces all the known variety of ulcers, as unpromising and hopeless as the surgeon is ever required to contend with. Though ordinarily received when the patient has discovered the impossibility of being made even tolerably comfortable by his own limited resources, the field of observation is unrivalled as it respects the facts that may be learned of the last stages of these loathsome vultures that prey upon the human body.

Again, distortions, arising from malformations of the bones, and contracted muscles, produced by various causes, strike the visiter with astonishment. Nature appears to have sported, in numerous instances, with the architecture of the human frame, and worked and twisted it into phantastic forms, to show what liberties she can take with her own productions, without extinguishing the feeble lamp of life.

Beside these accompaniments of an almshouse domiciliation, there are continually being presented all the strange anomalies recognized in any nomenclature of modern times, without any particularly known cause, unlooked for, and even unwelcome by those who study pains to learn how to subdue them.

Without hesitation, we are constrained to say that the almshouse hospital holds out prospects to the medical student equal to those anywhere else to be found, and we are surprised, therefore, that there are not twenty pursuing their studies there, where there is at present not half that number. A hospital of incurables is a desideratum in this country. Those really beyond the reach of the benefits of the healing art would be more appropriately provided for in such a hospital, whilst those now necessarily lodged within the influence of all that is terrible in the contemplation of a human being, weighed down by an accumulation of corporeal miseries, which are irresistibly and irremediably hurrying him to the grave, would be made better and happier by such a provision.

Franklin Infirmary, New Orleans.—This excellent establishment, one mile from the Mississippi, in the Faubourg Franklin, must be viewed favorably by the public. The charges are reasonable, compared with everything else in that dear city. Nurses, speaking almost entirely the English language, are in constant attendance. The cost of private rooms, including attendance, is from two to five dollars per day. Surgical operations are extra charges. In the ordinary wards, the cost is only one dollar a day—and for smallpox, the price is three dollars a day, which, from long and sad experience, we know to be too cheap. Dr. H. Lewis is the resident physician.

Provision for the Insane in Vermont.—From the report of a Committee appointed by the Vermont legislature to ascertain the number and condition of insane persons in that State, we learn that in 59 towns the number is 144 ; males, 60—females, 84. Of these, there are—under the age of 20 years, 12 ; between 20 and 30, 25 ; between 30 and 40, 32 ; between 40 and 50, 25 ; over 50, 45. Returned as continually confined, 18 ; occasionally confined, 19 ; as town paupers, 45 ; as poor and destitute, 40. The Committee recommend the cause of the insane to the favorable notice of the legislature.

Private Lectures.—Dr. Bryne, of Baltimore, is delivering a private course of anatomical lectures, in that city, with success. We admire this kind of professional enterprise. Those men who tug at the wheel in early life, are pretty sure of an old age of comfort and useful distinction.

Surgical Appointment.—Dr. Amasa Trowbridge, of Watertown, N. Y. has been appointed by the trustees of the Willoughby University, Ohio, Professor of Surgery in that institution.

Medical Students.—There has never perhaps been so many medical students in this city at this season of the year, as there is now ; both the University and the Jefferson College are likely to be attended this winter by very large classes.—*Philadelphia paper.*

Post Office Annoyances.—It may seem altogether imaginary to those who have had less experience than ourselves, that the postage we are compelled to pay is becoming a burden of no ordinary magnitude. In managing the affairs of the Journal, an extensive correspondence is maintained at home and abroad, and much expense necessarily incurred. But the aggregate of the postage of *letters in which the writer alone is interested* is also very considerable, and the editor is obliged to say that no such letters, unless post paid, will hereafter be taken from the office. This declaration is not made because one or twenty letters are sometimes charged to his account; but because the number is so great, and constantly increasing, too, that he is reluctantly driven to the mortifying necessity of confessing that he cannot afford to sustain the continual drain thus made upon his small earnings.

To Correspondents.—The Communications of Dr. Northrop and "J." will have an early insertion.

Died—At Princeton, N. J. Dr. Samuel Howell. In Buckingham, Bucks Co. Pa. John Wilson, M.D. aged 68.—In Baltimore, Dr. George Williamson, of the Society of Friends, in his 55th year.

Whole number of deaths in Boston for the week ending Nov. 13, 43. Males, 25—Females, 18.
Of lung fever, 6—palpitation of the heart, 1—old age, 1—croup, 1—palsy, 1—measles, 20—infantile, 6—childbed, 1—consumption, 3—typhous fever, 3. Stillborn, 3.

ADVERTISEMENTS.

MEDICAL SCHOOL OF MAINE.

The Medical Lectures at Bowdoin College will commence on *Monday*, the 22d day of February, 1836.

Anatomy and Surgery, by Jedidiah Cobb, M.D.
Theory and Practice of Physic, by William Perry, M.D.
Obstetrics and Medical Jurisprudence, by James McKeen, M.D.
Chemistry and Materia Medica, by Parker Cleaveland, M.D.

The *Anatomical Cabinet* and the *Library* are annually increasing.

Every person, becoming a member of this Institution, is required *previously* to present *satisfactory* evidence that he possesses a good moral character.

The amount of fees for the Lectures is $50. The Lectures continue three months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September. N18—5teop

Brunswick, November, 1835. P. CLEAVELAND, *Secretary.*

WANTED,

Nos. 2, 3, and 4, Vol. XII. of the Medical Journal, for which a liberal price will be paid. Subscribers, who do not bind their volumes, and Editors of papers exchanged for the Journal, will confer a favor by forwarding these Numbers to the publisher.

MEDICAL TUITION.

The subscribers have recently made some additional arrangements for the instruction of medical students. A suitable room is provided, as heretofore, for the use of the pupils; the necessary books are supplied, and a systematic course of study is recommended. Personal instruction is given to each pupil in each of the several departments of medical knowledge. Every facility is provided for the cultivation of practical anatomy, which the present improved state of the law permits. This department will receive the constant attention of one of the subscribers, who will always give such aid and instruction as the pupils may need.

The pupils have free admission to the lectures on Anatomy, and on Surgery, in the Medical School of Harvard University, and to all the practice of the Massachusetts General Hospital; and generally they have opportunity to attend private surgical operations.

The terms are, 100 dollars per annum; to be paid in advance.

JOHN C. WARREN,
GEORGE HAYWARD,
ENOCH HALE,
J. M. WARREN.

Boston, October, 1835. Oct 28—6teop

A STAND FOR A PHYSICIAN.

A physician in the State of Maine, in a pleasantly situated, small, flourishing village, about 25 miles from Portland, wishes to dispose of his stand. Being a very eligible stand, and affording abundant practice, it offers a good opportunity for a physician to establish himself. For further particulars, apply to the Editor of the Journal; if by mail, post-paid. Sept 23—3m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price $3,00 a year in advance, $3,50 after three months, and $4,00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

VOL. XIII.] WEDNESDAY, NOVEMBER 25, 1835. [NO. 16.

REDUCTION OF STRANGULATED HERNIA BY THE EXHAUSTING PUMP.

THE use of the air-pump, as an agent in the reduction of hernia, was first noticed, we believe, by Professor Hauff in the year 1818. Hufeland's Journal for July, 1832, also contains some remarks by Dr. Busch on the same subject. Finally, the No. of Hecker's Journal now before us contains several cases, which we shall notice briefly.

CASE I.—In October, 1833, the author, Dr. Kohler, was called to a Jew, sixty years of age, who had suffered the last nine years from scrotal hernia. After some days of a fit of indigestion the patient began to suffer from pain in the abdomen, and the hernia could not be returned even by a surgeon; the symptoms were now rapidly aggravated, and the author on his arrival found the patient in a state of great danger. According to the account of his attendants, the hernia was strangulated for three days; the face was now sunken; the body covered with a cold sweat; the extremities cold; the pulse barely perceptible. No stool for the last three days. The author had immediate recourse to all the common remedies, venesection, cold applications, narcotics, enemata, baths, drastic purgatives, &c. without any effect; the danger was most pressing, and nothing seemed left but the operation: however, the exhausting pump was tried as a last resource. Immediately after the application of the apparatus, which was placed over the abdominal ring, the operator began to perceive some gargouillement in the hernia; this gave encouragement, and in a short time, to his great pleasure, the parts were restored to their natural position. Alvine discharges were obtained in a few hours, the vomiting ceased, and the patient was restored to health in a few days.

CASE II.—In January, 1834, a female, sixty years of age, was affected with inguinal hernia on the right side, and sudden femoral hernia on the left side; it was impossible to return this latter; symptoms of strangulation soon set in, and the necessity of an operation was agreed on in a consultation of surgeons. The air-pump was applied. After the first application, a little gargouillement; after the second, partial return of the gut; after the third, complete reduction of the hernia.

Professor Janekowski has communicated a very remarkable case to the author, of which the following is an abstract:—

CASE III.—The patient, a strong healthy woman, fifty years of age, perceived the first trace of an umbilical hernia about two years before. The tumor had acquired some size before she experienced any remarkable symptom; it was then partially reducible, and the pains in the abdomen and swelling were alleviated by opening medicines. After the lapse of about a year the tumor became suddenly the seat of intense pain; there was obstinate constipation for six days, which only yielded to general bloodletting and purgative enemata. On the sixth day inflammation set in, and terminated in abscess of the integuments. At the end of August the patient was attacked a second time with inflammatory symptoms, which now assumed so severe a character as to threaten her life with imminent danger. The hernia could not be reduced by any of the ordinary means, though seconded by venesection and repeated purgative glysters. On the third day the tumor became excessively painful and hard, stercoral vomiting supervened, and a fatal termination seemed almost inevitable. The air-pump was now applied, but at first produced a great deal of pain; however, it was removed after a short time, and the taxis was now practicable with the greatest facility. In a few hours copious evacuations were produced, the symptoms of strangulation subsided, and three days later the patient was perfectly cured.

In addition to the cases which we have just quoted, the author details six others, where the air-pump was employed with equal advantage, and adds that in twenty-three cases, the greater part of which were desperate, the means now alluded to did not fail to justify his confidence; he therefore concludes, by expressing a hope that a remedy of such power may meet the general consideration which it deserves.—*Lancet.*

TEMPERATURE OF THE HUMAN BODY.

On the 10th of August last, MM. Breschet and Becquerel communicated to the French Academy of Sciences the results of various experiments made by them on the temperature of different parts of the human body in various diseases. In the instrument used by them, a perfectly constant temperature is kept up in one point of the needles for 24 hours, while it is at the same time furnished with a very sensible regulator. The following are a few of the results. The degrees given are of the centigrade scale.

No. 1.—A man, thirty-seven years of age, laboring under typhous fever, complicated with bronchite; pulse 116. Temperature of the mouth, 39.65; of the biceps muscle, 38.80.

No. 2.—A man, twenty-four years of age, affected by enterite with bronchite; pulse 116. Temperature of the biceps muscle, 39.50.

No. 3.—A scrofulous child in a well-marked febrile state. Temperature of the mouth, 37.50; of an inflamed scrofulous tumor, 40.00; of a phlegmonous tumor in the cellular tissue, 40.00; of the biceps muscle, 40.00.

No. 4.—A woman, thirty years of age, affected with a tumor of the same nature. Temperature of the mouth, 36.75; of a scrofulous tumor on the neck, 37.50; of the biceps muscle, 37.00; of the adjacent cellular tissue, 35.00.

No. 5.—A female with cancer of the breast. Temperature of the mouth, 36.60; of the cancer, 36.60; of the exuberant fungi, 36.60; of the biceps muscle, 36,60.

No. 6.—In a young man in high fever. Temperature of the biceps, 38.90.

No. 7.—In a young man attacked with scrofulous caries of the bones of the foot. Temperature of the mouth, 36.50 ; of the biceps muscle, 37.50 ; of the wound, 32.00. (In this case the needle passed through the cellular tissue of the plantar fascia.)

No. 8.—A man, forty-nine years of age, affected with hemiplegia of the left side, and presenting the commencement of senile gangrene in the inferior extremities. Temperature of the biceps on the healthy side, 36.45 ; on the injured side, 36.60 ; of the mouth, 36.40 ; of the muscles of the calf on the sound side, 36.60 ; on the paralyzed side, 36.60.

No. 9.—A woman, forty-five years of age ; the inferior extremities engourdies and painful after paralysis ; pulse 84. Temperature of the biceps, 37.14 ; of the adductors of the thigh, 37.55.

No. 10.—In a man, sixty years of age, affected with mercurial tremor. Temperature of the biceps on the right side, where the tremor is most marked, 37.04 ; on the left side, 37.15.

No. 11.—Case of abdominal dropsy, with affection of the heart. Temperature of the biceps, 37.05 ; of the fluid in the abdomen, 36.85.

No. 12.—A man with confluent smallpox, a few minutes before death ; pulse 114. Temperature of the biceps, 35.85 ; of the hand, 32.00.

The authors observe, that if we remember that the normal temperature of the muscles is about 36°, we shall find,—

1. That the febrile state is attended with an increase of heat which may go as far as 3°.

2. That scrofulous tumors, though violently inflamed, do not present a much greater increase of temperature.

3. That cancer does not present anything remarkable, except, perhaps, a slight depression of heat in all the parts explored.

4th and finally. That in paralysis we do not find any very sensible difference between the temperature of muscles on both sides of the body.

Ibid.

DR. BELL'S PRIZE DISSERTATION ON DIET.

[Concluded from page 154.]

Such are the principal anatomical data, on which can be founded an opinion on this point of the natural history of man. Naturalists have evidently been predetermined to make him, by the rules of natural science, an omnivorous animal. To arrive at this, however, they seem rather to have been forced to jump to a conclusion, than to arrive at it by a legitimate deduction. Whilst the most distinguished in Europe, as Cuvier, Lawrence, Blumenbach, Richerand, Marc, &c. have recorded their acquiescence in this opinion, they as uniformly acknowledge that man is strikingly analogous in bodily structure to the simiæ, and as these are in their natural state undoubtedly frugivorous, it must be that their conclusion in regard to his omnivorousness is deduced from the circumstance of observation and experience of the species over the greater portion of the globe, rather than a strict inference from the data of natural history. This structure we believe proves only that he is neither decidedly carnivorous or the contrary ; he is also far from being omnivorous, if by that term he is considered as possessing the structure or powers of both flesh and vegetable-eating animals, since he is probably gifted with those of neither. It is true he feeds on all the productions of nature, but not in manner analogous to that of the brutes.

Whilst we believe and contend that the general practice of man in using both animal and vegetable food, in a prepared state, as is the almost uniform practice of all nations, is neither contra-indicated by natural structure or experimental result, we can freely allow that man does approximate more closely to the frugivorous animals than any others in physical organization. But the only conclusion which ought to be drawn from this similarity is, that he is designed to have his food in about the same state of mechanical cohesion, requiring about the same energy of masticatory organs as if it consisted of fruits, &c. alone.

Animals by a brute instinct will select, each species, a kind of food adapted to its capacity of digestion ; man has a digestive apparatus which is evidently designed neither for the use of animal flesh in its recent state or unchanged by the action of fire, nor in a state of putrefaction. His organs are evidently too complex and extended for the latter aliment. They *are* fitted for animal food *prepared by his reason.* In short, he was designed to be governed in his food as in everything else, not by instinct, but by his reasoning faculties. These have pointed out to him the general fact that neither animal nor vegetable substances are his appropriate food, till modified by preparation and cookery.

What we apprehend to be the true doctrine on this subject is, that his reasoning powers, enabling him to subject and subdue nature to himself, as far as food, habitation and clothing are concerned, and having in a thousand ways such an immediate influence on his bodily existence, forbid any very confident judgment or conclusion being formed in relation to him, from any real or supposed analogy to the other species of animals. He constitutes a species *sui generis*, far removed from all others. The chain of beings, or regular gradation of animals, stops, at least, when it reaches him. The visionary theories of a Monbroddo, or the philosopher of Geneva, in regard to the identity of orang-outangs and man, the existence of wild men, or those not under the influence of the reasoning faculties, &c. alike groundless and insulting to the human species, hardly deserve mention, much less refutation. They only prove, as Mr. Lawrence remarks, that these schemers were equally ignorant of the structure of men and monkeys. And yet how much less absurd are the opinions of those, who would subject " the lord of the creation " to rules and laws drawn from the habits of the monkey tribe ?

If man is considered only as a superior kind of monkey, placing, as must be done, the African races as the immediate connecting link between him and the simiæ, and continuing the progression up through the less darkly tinged races to the polished European, then would the analogy be grounded on premises apparently philosophical.

Mr. Lawrence remarks on this scheme of gradation—" We should not have expected to find such opinions defended by the natural historian, and we shall not hesitate to assert that they are as false philosophically, as the moral and political consequences to which they would lead are shocking and detestable. We set out with this position, that man has numerous distinctive marks, by which under every circumstance of roughness and uncivilization, and every variety of country and race, he is separated by a broad and most clearly defined interval, from any other animal, even from those species which from their general resemblance to the human subject have been called anthropo-morphous."

For a full, philosophical and unanswerable elucidation of the distinctive differences between man and animals, the reader is referred to the physiological writings of William Lawrence, F.R.S. &c.

If, considering, as our modern Pythagoreans do, that man is by nature an exclusively vegetable-eating animal, and that therefore in our practices we should endeavor to act as to food without reference to reason, to shake off the trammels of education and habit, and to return to the customs of the golden age, will not the entire preparation of food by fire be legitimately deemed to be unnatural and preposterous? No animal surely practises the culinary art. Nor is there any nation of even their vaunted vegetable eaters, which does not more or less practise the unnatural art of subjecting their rice, or potatoes, or grains, to roasting or boiling, or which does not render them even more dissimilar from their original state by the more complex processes of pounding, grinding, &c. or the qualification of condiments.

It is a maxim in logic, that what proves too much proves nothing. If it is unnatural to eat flesh, it is equally unnatural to cook vegetables, for both or their principles are the results of reason and not of natural instinct. Still more we transgress against the natural habits of animals when we resort to clothing. Does climate render the use of external clothing essential, why may it not render the use of stimulating and supporting animal food necessary? If the almost hairless simiæ or naked man can live without clothing in the regions of the torrid zone, in the frozen regions of the pole they must either violate nature and resort to external coverings, or cease to be inhabitants of its icy dominions. Man, by his reason, can counteract these imperfections of nature—or if that be too presumptuous an idea, can cure the wounds he inflicts on his own nature; he can render himself the denizen of all latitudes by his ingenuity in clothing and habitation, thus protecting his external structure; why not, then, by strengthening and guarding his internal organization by dietetic means (if these are necessary), adapted to the circumstances in which he may be placed?

How far, then, diet is influenced by climate as shown by the experience of mankind, and how far this influence is founded on true principles, is next to be considered. Do we ever find mankind living in a state of nature?* Considering him an herbivorous or frugivorous animal, and their habits as the standard of nature, assuredly not. He is everywhere a *cooking animal*, and this term would perhaps be as well adapted in forming a definition of the *bipes implumis*, as Franklin's appellation of a *tool-making* or *bargain-driving* animal. Giving it up, then, as hopeless, even to conjecture what he would be, if following the customs of the animals exclusively eating raw vegetable substances, how can we so well deduce conclusions as to what mode of life befits him, as to appeal to the evidence of experience, and to examine his comparative health, longevity, bodily and mental vigor, and mental characteristics, as we find them displayed under varied circumstances of existence.

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* The terms *natural state, original condition, &c. of man*, so much employed by the advocates for an exclusively vegetable diet, we can hardly be allowed to suppose denote a state of barbarism. They would scarcely be willing to consider the influence of reason in producing a state of civilization, and overturning almost all resemblance between man and the brutes, to have been unnatural.

If, again, by *natural state of man* is meant the infancy of society, then "mankind were probably almost wholly carnivorous," remarks Professor Dunglison (Physiology, Vol. I. p. 441), "as the tribes least advanced in civilization are at the present day." Or more probably his food depended on his location or other accidental circumstances.

There are hardly any substances which have been possessed of organization and life (and these alone have the properties of nutriment), which have not been employed at some time and in some countries as food. Amongst the various circumstances and peculiarities in relation to aliment, if there has been any one which has been general in all nations, it is the preparation of their food by fire. Some exceptions even to this rule are not wanting.*

" The researches of Meiners," remarks Mr. Lawrence, " respecting food, seem to have exhausted every accessible authority on the subject. His deductions, supported by an almost infinite number of quotations, exhibit so complete a view of the matter, that we present them to the reader in his own words :

" The common positions concerning the earlier use of vegetables, and the effects of vegetable and animal food on the dispositions of people, have been brought forward by men not acquainted with all the facts which history presents. There were formerly, and still are, many people, particularly among the dark-colored nations, who eat nothing or almost nothing but flesh, and that with little or no preparation. Examples of this are offered in Asia by the Huns, Calmucks and people of Thibet ;—by the Burates, Tungooses, Kamschatkans, and eastern islanders ;—by the Ostiaks and Samoiedes, whom the Russians were obliged to imitate in Nova Zembla and the eastern ocean ;—by the Woguls, Circassians, Mingulians and Abcassas ; and, lastly, by some tribes in Babylon. In Europe by the Alani, all the Celtic people, the Tartars of the Crimea, and even the inhabitants of St. Kilda. In America by the Esquimaux, the Greenlanders, the North American savages, the Peruvians, and the inhabitants of Terra del Fuego. In Africa by the Ethiopians and Gallas. In the southern countries and the islands of the South Sea, by the New Hollanders, New Zealanders, and the inhabitants of the Friendly and Society Islands."

" On the contrary, there have been and still are many people who live almost exclusively, or wholly, on vegetables. Such are the Cretans, Spartans and Romans at certain periods ; most of the Sclavonic tribes, the Turks, Arabians, and Persians ; the Mahomedans, and still more the

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* Examples are adduced of nations using certain mineral substances as food, or perhaps rather instead of aliment, as this term can hardly be applied to those substances from which no chyle can be formed. " Kessler," remarks Prof. Dunglison (Human Physiology, Vol. I. p 438), " affirms that the quarriers on the Kyffhanser, in northern Thuringia, spread a *steinbutter*, or *rock butter* (Jameson) on bread, which they eat with appetite. Labilliardiere also relates of the inhabitants of New Scotland, that they are accustomed to eat a soft greenish kind of steatite, which he says serves to allay the sensation of hunger by filling the stomach. Vanquelin analyzed some of this, but was unable to extract anything nutritive from it. Long ago, Gumilla observed that the Ottomaques and Guanos were in the habit of eating a kind of clay alone or with other substances. This practice was observed also by Humboldt."

Brahmins in Hindostan ; the Chinese, Japanese, and certain of the Javanese ; most of the Otaheitans and inhabitants of the Marian Islands ;—lastly, the Egyptians, Moors, Negroes, Hottentots, and inhabitants of Sennaar."

These instances, while they afford abundant confirmation, if evidence were wanting, of the omnivorousness of man, at least in his present state, can only be regarded as extremes or exceptions to the general law. The food of a great proportion of the inhabitants of the globe is unquestionably an admixture of animal and vegetable substances, and on examination of many of the instances of the exclusive use of one or the other, it will be found to be dependent on peculiar adventitious circumstances, rather than on any original, instinctive propensity for either. The exclusively flesh-eating people will be found to be natives of those regions whose cold and sterile soil is incapable of producing the fruits of the earth. Whilst in some of the vegetable-eating countries, the mode of life in this respect is in consequence of religious dogmas, as illustrated for example in the immense nations of the east (in the same manner that with the ancient Pythagoreans it was an absurdity of their philosophy, the belief of metempsychosis) ; in others, as in Ireland, many parts of the continent of Europe, and probably also in some of the oriental countries, it results from a necessity, the over-crowded state of the population, which brings man down to the minimum of food capable of sustaining existence. From the statistical researches made in 1790, by the celebrated Lagrange, and brought up to a late period by M. Moreau de Jonnés, in a memoir to the Academy of Sciences, it is shown that France does not produce one-half the amount of the flesh of animals necessary to the nourishment of the inhabitants.

In referring to such a statement of the aliment used by various nations, as that given above from Meiners, we are struck on examination :

1. With the nearly equal health, longevity and vigor of all these nations. The general average of the length of human life is nearly the same ; the appointed bourne of "three score years and ten," seems almost universal. The able writer on longevity in Rees's Cyclopedia, arrives at the general conclusion, reviewing the catalogues of those recorded for longevity, that no characteristic applies to the individuals therein, but that of temperance in eating and drinking. Of course the quantity, rather than any peculiarity of the food, constitutes temperance.

2. The next general observation from this sketch, is, that as we go from the equator to the poles, the food of man changes from a preponderance of vegetable, to that of animal ; and that in the temperate latitudes, except in such instances as that of Ireland, explained by obvious circumstances, the aliment is uniformly of a mixed nature, comprising both animal and vegetable substances.

Two circumstances in the natural history of man seem to have a necessary connection between them ; viz. his having the power to inhabit the various regions and climates of the earth, and his being able to subsist on almost or quite all organized substances, or, as Dr. Copland remarks, he must be naturally omnivorous, as a consequence of his ubiquity. "If the wastes of Lapland, the shores of the Icy Sea, the frozen coasts of Greenland, and the deserts of Terra del Fuego, were destined by nature for the habitations of man, then is he not an herbivorous animal, nor is even a mixed diet necessary to his support. It would be impossible to procure vegetable productions where the earth's surface is almost constantly either frozen or covered with snow. The continual use of animal food is as natural and wholesome to the Esquimaux, as a mixed diet is to an Englishman."

In the cold regions, the abstraction of the stimuli of solar light and heat, and the continued low temperature, have a tendency to diminish the powers of life, the energy and tone of the muscular and nervous systems. Here a compensatory addition to the vital energies is required, which is best afforded in the use of an invigorating and stimulating diet of animal food.

A similar equilibriatory process from opposite reasons is demanded in the tropical regions, between the constitutional condition of man and his food. In the temperate zone, the same reasoning and the same experience which fix the expediency of animal food in the cold, and vegetable for the hot climate, demonstrate the fitness of a mixed aliment for the inhabitants.

Dr. Copland has carried the view of this connection between man and the soil he inhabits, into many interesting bearings, relative to his food, medicinal agents, &c. for which the reader is referred to his Dictionary of Practical Medicine, Art. Climate, in relation to the food of man. He concludes his article in the following words: "From these and other considerations, the following corollaries may be drawn;—that the climate of a country should in a great measure guide man in his selection of food; those productions which are most abundant around him, being most appropriate to the circumstances in which he is placed, and that the nature of his food thus conspires with the climate to modify his constitution, whilst it serves to counteract the rigors of season, and the unwholesome influences to which he is constantly exposed, in very hot as well as in very cold countries."

Our modern Pythagoreans have endeavored to argue that the use of animal food has a tendency to render men savage and ferocious in their dispositions, drawing this conclusion from the analogy of brute animals. The slightest, most cursory examination of the schoolboy's compend of geography or history dispels this visionary idea, and demolishes to the foundation all their Utopian structures, based on restoring the golden age, by leading men back to a diet of "acorns and the crystal stream." Not to multiply examples to sustain a position so obvious, suffice it to remark, without recurring to ancient history, that Hyder Ali, and Tippoo, "his more terrible son," Ali Pacha of Yanina, and a host of oriental tyrants, were frugivorous animals!

It has been customary for these bigoted exclusives to bring forward a few instances of men eminent for transcendant genius and worth, as proofs that a vegetable diet is *alone* consistent with the possession and exercise of great talents and virtues. A more palpable *non sequitur* never disgraced logic. While they instance a Newton, a Howard, a Franklin, and some half dozen others, as examples of their rule (and of even the habits of these, some more specific accounts might not be amiss, as to their perseverance in an exclusively vegetable diet), they forget that these are only exceptions to a long list of great and renowned names.

"If the experience of every individual were not sufficient to convince him that the use of animal food is quite consistent with the greatest strength of body and mind, the truth of this point is proclaimed by the voice of all history. A few hundreds of Europeans hold in bondage the vegetable-eating millions of the east. We see the carnivorous Romans winning their way, from a beginning so inconsiderable that it is lost in the obscurity of fable, to the empire of the world; we see them, by the power of intellect, establishing that dominion which they had acquired by the power of the sword, and furnishing such compositions in poetry, oratory, philosophy and history, as are at once the admiration and despair of succeeding ages; we see our own countrymen rivalling them in arts and arms, exhibiting no less signal bravery in the field and on the ocean, and displaying in a Milton and Shakspeare, in a Newton, Bacon, and Locke, in a Chatham, Erskine and Fox, no less mental energy; yet, with these proofs before their eyes, men are actually found, who would have us believe, on the faith of some insulated, exaggerated and misrepresented facts and still more miserable hypotheses, that the development, form and powers of the body are impaired and lessened, and the intellectual and moral faculties injured and perverted, by animal diet."*

We have no disposition to go "ultra crepidam" in vexing the theological arguments, which at least one learned professor adduces in support of his views, against the use of animal food;—or to discuss the question whether the shortening of human life was the result of man's folly in thus overstepping the laws of his nature. Enough for us, is it to know, that we have the best evidence for the belief that the term of human life has been for some thousands of years the same, and shall content ourselves with the ancient avowal of the psalmist: "The days of our years are three score years and ten; and if by reason of strength, they be four score years, yet is their strength labor and sorrow, for it is soon cut off and we fly away."† Having thus, as we conceive, cleared the way for a practical consideration of our subject, we dismiss an investigation perhaps needlessly protracted, surely so except from the considerations alluded to, in the words of Ovid:

Inter utrumque tene
—— medio tutissimus ibis.

If it were or could be demonstrated that man is strictly an herbivorous, or a carnivorous animal, one only precept as to his food and drink need be urged upon him, and that would be to follow nature, and return as speedily as possible to the original manner of life from which he has departed. But as we have shown that man is intended to be governed by his intelligence, in cultivating, in preparing, in cooking and otherwise modifying the fruits of the soil and the flesh of animals, so as from their natural state to fit them for his use, such simplicity, however pleasing to the supposed discoverer (and in truth over-simplification and too hasty generalization are the loud crying sins of our modern philosophizing), is not in accordance with that grand touchstone of "law and fact" in medical science, *experience.* The truth seems to be, in the language of Dr. George Fordyce, "man has no natural food."* He may indeed have

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* Lawrence, Rees's Cyclop. Art. *Man.*

† Psalm xc. See also II. Samuel, xix. 32 et seq. "Now Barzillai was a very aged man, even four score years," &c.

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* Professor Mussey, of Dartmouth College, N. H. in a lecture delivered during the session of the Legislature of New Hampshire, and repeated in other States, is reported to have brought forward the interesting, and well known and authenticated history of Caspar Hauser, as detailed by M. Von Fuerbach, as illustrating and defending the principle that man is by nature an exclusively vegetable-eating animal. Caspar, when first brought from his state of confinement into society, was struck with horror and disgust at the sight and smell of flesh or cooked meat. This repugnance was hardly to be combatted with, it was so overwhelming, nor was it, at the date of the biography, overcome. Granting the fact, and there is no reason to doubt it that we are aware of, and what does it prove? Merely that Caspar was from infancy trained up on a vegetable diet. It can demonstrate only, what no one can hardly think of denying, that the human subject is capable of being supported in vigor and health, on vegetable food exclusively—especially if, as in Hauser's cases, no exercise was taken nor any vicissitudes of season encountered.

As an offset to this case, we will attach here the account of another wild boy, which if any addition were needed to its authenticity beyond the names connected with, and referred to, in it, we could give it in our own knowledge of the circumstances, derived from intelligent gentlemen, when the writer was at the South a few years since.

" *Wild Bill, or the Mississippi Orson.*—[From the Knickerbocker.]—It was the lot of that wonderful person, Caspar Hauser, to be emancipated and tamed among a people every way disposed to note all the peculiarities of a mind permitted almost to reach maturity before it had received the impress of a single effort at training it. This training was then undertaken, by instructers, excited by an enthusiasm of curiosity to trace the first manifestations of his mind under its new series of impulses. Of course, we have in his case the most impressive chapters upon the influence of the magnificent universe—the green earth, the sun and moon in the blue heavens, and the grandeur of the starry hosts, when first shown to him. We have a novel and most striking history of mind under the first impressions of external nature, and the first lights of instruction.

" The annexed and unpretending narrative lays no claim to virtues of this sort. Wild Bill, it is true, was thrown among a people humane and civilized; but they were pressed by the numberless and imperious necessities incident to a new settlement in the wilderness. Their condition was too full of labor, care, and danger, to admit of the exercise of curiosity. Thus they were less disposed to mark the first movements of his mind, after he had been caught and the process of training of society was commenced upon him. In a forest full of Indians and wild animals, Wild Bill was an object of very little higher interest than a tamed bear or panther. Of course, no documents remain to show how he was impressed by the new views which society presented to his mind. I have even been unable to ascertain whether any efforts were made to place him at school, or under the influence of any other instruction and training than that of the new circumstances in which he was placed.

" Although his story may not claim parallel interest with the eloquent history of mind in the case of Caspar Hauser, it may, nevertheless, present one claim to attraction—it is literally a matter of fact, without the slightest admixture of coloring of any sort—and within the knowledge of citizens of the highest standing in Mississippi and Louisiana. Judge Butler, of the latter State, is capable of furnishing many more details than I have been enabled to obtain. Although I have heard the oral statements of many persons who have seen the subject of the narrative, I am indebted mainly for the facts it contains —with which the statements referred to uniformly agree—to one of the first planters in the parish of Rapides, in Louisiana. He became a temporary resident at Woodville, a considerable village in the interior of Mississippi, in 1811. Here he first saw the boy called Wild Bill, who then resided with a Mr. Benjamin Rollins. He had at that time made so much progress in learning to talk, that he was quite intelligible. It is believed that he had then been taken about eighteen months or two years.

" He was secured in the Mississippi swamp, not far from the present site of Pinckneyville. The circumstances that led to his being taken, were these: Some settlers, who had recently settled in that vicinity, saw on the margins of the swamps the prints of the naked foot of a boy. This led them to closer observation; which soon discovered to them a naked boy, walking with the gait and the manner of a hunting animal, on the shore of one of the lakes that abound in that region. His object was to catch frogs—a species of hunting at which he seemed very expert. When he had caught them, he devoured them raw. The discoverer attempted to approach him; but as soon as the instincts and propensities, if not blunted or perverted, sufficiently strong and intelligible to prevent his interfering very materially with his healthful condition. It will be, it is believed, generally found to be true, that that mode of life or kind of aliment which experience proves detrimental, is at first repulsive to the taste or instinct of man. It is only the conventional customs of society which bring about a change, subverting the

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wild lad saw him, he fled with the usual terror of an untamed creature at the sight of a man, towards a lake, into which he plunged—diving and swimming with the ease of an amphibious animal. These occurrences naturally excited much interest among the settlers; and they collected in a body to make an united effort to take him. After hunting for him for some time, they at length discovered him under a Persimon tree, eating the fruit. As soon as he observed his pursuers, he fled as before, doubling the bush like a fox, and making again for the water. Excusing themselves by the motive, the hunters adopted their usual expedient for catching animals; they put their dogs on the trail of the strange game. The dogs soon tired him down, and brought him to bay. Though no metaphysicians to form mental theorems out of the case of their new conquest, they discovered that the two-legged, unfeathered creature, had the natural instinct of fight—for he made battle upon dogs and men with the full amount of courage and ferocity that might be expected to result from his age and physical strength. But although he fought like any other animal, he was compelled to yield to numbers, and was fairly caught and bound. He was then, it is supposed, not far from nine years old—naked, and perfectly speechless. His form was slender, but well proportioned and capable of extreme agility. His eyes were brilliant; his hair sandy, and his complexion florid; a circumstance which may be accounted for, from his having lived almost entirely in the deep shades of the forest. Woodville was the nearest considerable settlement, and thither he was carried for the experiment of domestication.

"Eighteen months or two years after his capture—the period, as I have said, when my informant first saw him—he had still a look indicative of his name. He was yet wild, although he could now make himself understood. It was more difficult to overcome his appetite for raw flesh, than to learn him to speak. The love of the excitement of alcohol, seems to be another common appetite of the man of nature; for he soon manifested an unconquerable longing for spirits in any form—especially when rendered very sweet—upon which he became intoxicated whenever he had an opportunity. Whether he discovered the usual development of the other animal propensities, my informant does not know; but he always remained a wild animal in the fierceness of his temper. When playing with lads of his age, the moment his passions were roused in any way, his first movement was to strike them with whatever instrument was nearest at hand. After this partial domestication, they attempted to put him to work: but he showed a truly savage disrelish for labor. He was sure immediately to run away; generally making for the town, where his amusement was to mount on horseback whenever he was allowed the opportunity. Riding was his passion; and he would mount every horse in a livery stable in succession, merely for the pleasure of riding them to water. In other respects he was quick and intelligent. His appearance was rather agreeable and in his favor.

"The training which he received was either unfavorable to good moral development, or it had been originally denied him by nature; for he became quarrelsome, addicted to drunkenness, and not at all a lover of the truth. Consequently, a great deal of doubt and uncertainty must rest upon his history of his early recollections; though they were so often repeated, and so nearly in the same form, as to have gained credence with those among whom he lived. He stated that he had a dim remembrance of coming down the Mississippi with his father's family in a flat boat—that his father killed his mother—and that he fled in terror into the swamps, expecting that his father would kill him also; and that from that time he had subsisted on frogs, animals and berries; living in warm weather among the cane, and in cold weather in a hollow tree.

"It is extremely unfortunate that so few details remain of the domestication and character of Wild Bill; though it is hoped that this imperfect account may call forth from the persons with whom he lived and died, ampler and more satisfactory information respecting him. It is believed that he died when at the age of 18 or 19; that is, near the year 1818, after a domestication of about nine years. Alas! the uneducated and untrained Man of the Woods is but a kind of forked, standling animal, very little superior to what we call the lower animals, and in many respects far below them. And viewing the mass, even in the highest state of freedom and civilization—seeing them so readily and wilfully the victims of their ignorance, their prejudices, and, more than all, their natural relations (supposing such to exist, as is most probably the case) between the qualities of food, and the impressions made by them on the senses. The original appetite thus cannot be distinguished from the desire connected with the association of ideas, and the influences of habit. We can trace this acquired relish for objects at first almost, perhaps wholly, repulsive and disgusting, in the use of alcoholic stimulants, high-seasoned food, narcotics, as tobacco, &c. Again, in individuals, the most agreeable objects of taste may become repugnant, nay, even unwholesome, from association.

Nature and instinct being thus inadequate to guide man in his choice and preparation of aliment, or rather being subverted by mental influences, habit, &c. he is forced to appeal to experience to afford him rules by which he is to be governed in his food. It is the results of this experience (some better and some worse founded), which writers have given to the world in their volumes on diet generally; and their principal errors have been in drawing their conclusions from too limited a number of facts, and in too minute and subtle distinctions as to the wholesomeness of individual articles.

[To be continued.]

CASE OF INSUSCEPTIBILITY TO THE EFFECTS OF MEDICINE.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The following case, should it be considered novel or interesting, you are privileged to dispose of in a manner most to your satisfaction.

A. H., of middle age, of temperate habits, from the State of New York, on a visit to his friends in Connecticut, felt so much indisposed

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own supposed knowledge and illumination—seeing, too, how easily and universally they become the stupid instruments of unprincipled, ambitious demagogues, one is almost driven to adopt the painful and humiliating maxim of Dean Swift, that man is not a reasonable animal, but only capable, under certain circumstances, of becoming such."

"*Note to the above.*—During our residence in Mississippi, we had frequent opportunities of seeing Wild Bill, as he was called; and the above account, with few exceptions, is correct. He was caught in the summer of 1808—and was first seen among a gang of wild hogs, which protected him as one of their number, and with which he associated and slept; and when the dogs were first put after him, his swinish friends formed a circle around to protect him, as they do to guard their weaker ones from similar attacks. The writer is mistaken in respect to his death. He was alive in 1825, and we have not since heard of his death. At that time his mind appeared wholly incapable of cultivation. To an entire stranger, his language was unintelligible, consisting of a kind of gibberish, understood, with ease, only by those intimately acquainted with it; indeed, to us, he appeared almost an idiot. He was an untameable creature, often found around small ponds, catching frogs and eating them raw. It was with great difficulty he could be compelled to wear any kind of clothing or come under restraint.—*Editor Shield.*"

This case certainly approximates much more closely to the *homo naturæ* than that of Caspar Hauser. Instead of being shut up in a closet with playthings, learning to speak and even to write his name, with his food brought to him prepared and in abundance, our Mississippi Orson was situated precisely like the wild animals who were his associates. And under these circumstances, we are as to his diet informed that he was at first discovered expertly catching frogs, which he devoured raw; afterwards under a Persimon tree, eating the fruit: and, lastly, we are told that it was more difficult to overcome his appetite for raw flesh, than to learn him to speak.

We are far from adducing this illustration from any wish to defend the doctrine of Helvetius and others, that man is by nature carnivorous. Deductions of general principles from single or limited instances, have, as was before observed, been the bane of medical reasoning.

that he called on me. On my inquiries, I found that his health had been declining since August last, at which time he called on a physician, who gave him a dose of calomel, and followed it with some mild laxatives. The bowels were obstinate. After the operation, however, he felt relieved, but not well. His indisposition, he thought, was occasioned by excessive fatigue and heat. I prescribed some alteratives, with a view to change the biliary secretions, remarking to him that a mercurial course would in all probability be the most sure, and advised him on his return to call on a physician for that purpose. The day following, I was summoned to see him early in the morning;—found him laboring under the most severe pain in the epigastrium, which was paroxysmal; pulse slow and soft.

Expecting a case of bilious colic, I gave him twenty grains of calomel, and directed that a tablespoonful of castor oil be given every hour, to commence in three. In the evening, I found he had taken nine tablespoonfuls of oil, which had staid down. The pain in the bowels the same. Directed him to take a drop of croton oil in slippery elm, and in half drop doses for the four hours following—and castor oil as the stomach would retain it, with cathartic injections occasionally. I visited him again in the morning, and found him comfortable, pain abated, sitting up, and smoking his pipe. I gave him three drops more castor oil for the day. Visited him again in the evening; patient still comfortable, no motion. Gave him six drops of croton oil for the night, together with seventeen doses of Hull's pills, which in Fairfield county, by the credulous, are considered a specific in like cases. Injections frequent, and drastic—no movement.

Called in the morning, at 10 o'clock; the stomach quiet, not having vomited for the last twenty-four hours. He had taken nine drops of croton oil, together with other physic. I commenced with *Hahnemann doses*—viz. forty grains of calomel and three drops croton oil. Left him nine drops more, to be taken in three drop doses—once in three hours. He took three drops more in three hours, and, sufficient to say, he *discharged after* it, in due time.

The amount of physic taken—one drachm of calomel, fifteen drops croton oil, one pint castor oil, seventeen doses Hull's pills, two ounces salts, two ounces senna; enemata every once in three or four hours, of the most active kind, tobacco not excepted.

Sherman, Ct. Nov. 9th, 1835. D. W. Northrop.

N. B.—The croton oil used was of the best quality. The patient got well and returned home.

CASE OF TRIPLETS.

To the Editor of the Boston Medical and Surgical Journal.

A Mrs. C——, in this vicinity, was recently delivered of three live children; two daughters and one son. If the information will be of any service to those who make an estimate of the average number of double or triple births, you are at liberty to communicate this through the medium of your useful Journal. A. J. Spencer.

Westport, N. Y. November 9th, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 25, 1835.

PRACTICAL PHRENOLOGY.

Some of the proof sheets of a new work, entitled "Practical Phrenology, illustrated with Engravings, by Silas Jones," have been kindly left for our inspection. From the limited opportunity we have had of examining them, we predict a favorable issue. There is much plain common sense pervading the text, which is decidedly more than can be safely said of about one half of the phrenological nonsense that has been palmed upon the world. Mr. Jones is no stranger in the northern States, and has nothing to fear from those who are best qualified to appreciate his services by a personal acquaintance with the man. There are some new things advanced in the book, and many old theories repeated, together with some hacknied facts and stale metaphysical trash, served up so invitingly, and in such good taste, too, that it would be ungenerous not to wish the author success in the sale, and an increased reputation from this sensible exhibition of talent, industry and research.

PEPPERELL INSTITUTION FOR THE INSANE.

To the old conveniences for the medical treatment of the insane, in the picturesque and delightful town of Pepperell, Mass. Dr. Cutter has added another edifice, which is represented to be well contrived within, and beautiful in its architectural proportions externally. From small beginnings, he has finally raised the reputation of his establishment to an enviable distinction. We were informed, a day or two since, that there were twenty-five patients now under his care. This gentleman is admirably calculated, morally and physically, for managing these unhappy and dependent beings. From a long personal acquaintance with Dr. C. we are warranted in saying that he is deserving of all the reputation he enjoys. To the friends of those suffering from the various forms of mental derangement, who are unwilling to place them in regular insane hospitals, located in the environs of the principal cities, we recommend Dr. Cutter's private establishment as eminently entitled to their patronage and confidence.

DULL PROFESSIONAL TIMES.

It so happens, occasionally, that we are exceedingly perplexed. The present week happens to be one of those dull times in an editor's life when he finds it extremely difficult to provide anything new or satisfactory to himself, and therefore apprehends the mortification of wholly disappointing and displeasing his readers, who have been accustomed to something more profitable than the complaints of one for whom they can feel but a remote sympathy. The times are dull for us—nearly all the medical schools in the United States, in which a vast amount of talent is concentrated, being now so actively engaged in daily lectures that we are deprived of the services of many gentlemen who are registered among our most attentive correspondents. To this it may be added that our exchange journals, both foreign and domestic, are uncommonly barren. These are so many apologies, which we feel it a relief to make in excuse for ourselves, under the pressure of these dull professional times.

Mass. Charitable Eye and Ear Infirmary.—At the annual meeting of this institution, held on the last Thursday of October, the surgeons of the Infirmary reported the whole number of applicants for the year ending Oct. 28, 1835, to have been 708. Patients laboring under diseases of the eye, 582 ; diseases of the ear, 126. Of the 582 cases of diseases of the eye, 442 have recovered ; 23 have been relieved ; 19 declined treatment ; 27 result not known ; 17 incurable ; 3 removed ; 2 not cured ; 10 not treated ; 39 remain under treatment. The whole number of cases which have been treated since the institution commenced, is 7,530.

Neuralgic Affection simulating Hydrophobia.—Dr. McCarthy, of England, records the case of a soldier in the 70th regiment, who experiences regularly, every spring, an attack strongly resembling hydrophobia. When ten years of age, in the month of January, he was bitten in the hand by a dog supposed to be mad. The wound became very sore and festered. After being cauterized by a surgeon, it was tormented by the application of various ointments, but at the end of three weeks it cicatrized. In the following May he was attacked with what was pronounced to be hydrophobia, accompanied with convulsive fits, but recovered in about a week. He has since experienced a similar attack every spring, and sometimes in the autumn, though robust in the intervals. Dr. McC. found the patient bound down to his bed with sheets twisted round his legs, body and arms. He was in a convulsive fit, struggling violently, howling and barking like a dog, and attempting to bite at everything placed near his mouth. A blast of cold air, or the sprinkling him with any fluid, aggravated the fit. This attack, like his former ones, was cured by bleeding and purging.

Medical Degrees in Dublin.—The axe has lately been laid at the root of the tree in the old, demi-celebrated medical institution in Dublin, by which it is clearly shown that the board of faculty are a corporation of perfect spongers—squeezing the last shilling from the pockets of those young aspirants for degrees, who have the enduring patience to dance attendance on these high and mighty descendants of Æsculapius. Dr. Macartney, the Professor of Anatomy, receives an income of £1400 per annum for his talk, besides a share out of the luck fund. Dr. Stokes, whose critical remarks on many common diseases have been extensively published in this country, has been complained of for having all the questions he asks candidates for degrees, written down. Dr. Allman is represented as a coarse, morose, forbidding medical despot. Mr. Warburton's microscopic observations on the internal condition of the medical schools in England, Scotland, and Ireland, have brought to light a system of gross frauds and imposition, intolerably bad—even beyond endurance.

"*Medical Researches*, or original Memoirs in Medicine, Surgery, Physiology, Geology, Zoology, and Comparative Anatomy," by Dr. Richard Harlan, of Philadelphia, is in press in that city.

Operations at Mass. General Hospital.—On Saturday, the 14th inst. there were two operations. One was for hydrocele, and the other an extirpation of a scirrhous tumor. Operator, Dr. Hayward.

On the 21st, the operations performed were—1st, for purulent ophthalmia, by dividing the vessels. 2d, fistula in ano. 3d, a child about four years of age was operated upon in consequence of the following singular misfortune. The patient, a boy, had been severely burned, and by some neglect (the abrasion being on the right side), the arm, almost down to the elbow, grew to the side of the body. The operation consisted simply in separating this unnatural connection. Dr. Hayward operated in the two first cases, and Dr. Warren in the last case. All the patients appear to be doing well.

M. Vernois lately presented to the Anatomical Society of Paris a section of the facial nerve effected in the aqueduct of Fallopius by an old caries of the bone. The patient had been affected with complete loss of movement in the muscles of the face on the same side, but the sensibility remained intact.

Geneva Medical College.—It is said that there are sixty students, the present lecture term, at this institution.

Dr. William P. Dewees has resigned his professorship in the University of Pennsylvania.

To Correspondents.—Dr. Jewett's Midwifery Cases will be inserted in the No. for next week.

Whole number of deaths in Boston for the week ending Nov. 21, 80. Males, 39—Females, 41.

Of measles, 29—consumption, 9—typhous fever, 4—convulsions, 3—suffocation, 2—dropsy, 3—dropsy on the brain, 3—burn, 1—brain fever, 1—childbed, 1—croup, 1—dysentery, 1—dropsy on the chest, 1—disease in the head, 1—hooping cough, 1—drowned, 1—intemperance, 1—inflammation on the lungs, 1—inflammation of the bowels, 1—infantile, 3—lung fever, 2—old age, 3—quinsy, 1—scarlet fever, 2—syphilis, 1—throat distemper, 1—teething, 1—tumor in the head, 1—unknown, 2. Stillborn, 4.

ADVERTISEMENTS.

VACCINE VIRUS.

Physicians in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar.* Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

A STAND FOR A PHYSICIAN.

A physician in the State of Maine, in a pleasantly situated, small, flourishing village, about 25 miles from Portland, wishes to dispose of his stand. Being a very eligible stand, and affording abundant practice, it offers a good opportunity for a physician to establish himself. For further particulars, apply to the Editor of the Journal; if by mail, post-paid. Sept 23—3m

AN EXCELLENT CHANCE FOR A PHYSICIAN.

A Physician in one of the western counties of New Hampshire offers to sell his stand, situated in a pleasant and flourishing village, and no other physician within five miles. For further particulars, inquire of the Editor of this Journal, or of Dr. Richards, of Claremont, N. H. Oct 7

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid.* J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price $3,00 a year in advance, $3,50 after three months, and $4,00 if not paid within the year.—Every seventh copy, *gratis.*—Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
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VOL. XIII.] WEDNESDAY, DECEMBER 2, 1835. [NO. 17.

DR. BELL'S PRIZE DISSERTATION ON DIET.

[Continued from page 256.]

We apprehend that the point which has been too much overlooked in the researches upon diet, is the greater importance of *quantity*, than kind of aliment. It is on this error, we may premise, the burden of our views and suggestions will be based, having, as we trust, induced our reader to believe that almost all kinds of food are consistent with the health of the human subject, and referred him to sources by which he may convince himself that the longevity of individuals is connected rather with temperance in the amount, than with any peculiarity of his aliment.

Before any inquiry is proceeded in, which may suggest alterations and modifications in the diet of a people, their present actual habits and condition must become preliminary subjects of investigation.

The celebrated French traveller Volney,* presents the following sketch of the diet of the people of the United States, from observations made during his residence here about forty years since. "Lastly, the government, whilst it directs the attention of the inhabitants of the United States to these objects of domestic concern, should promote their being properly instructed with respect to one of the most essential and most radical causes of all their diseases, I mean their dietetic regimen, which in consequence of their origin, they have derived from the English and Germans. I will venture to say that if a prize were proposed for the scheme of a regimen most calculated to injure the stomach, the teeth, and the health in general, no better could be invented than that of the Americans. In the morning at breakfast, they deluge their stomach with a quart of hot water, impregnated with tea, or slightly so with coffee; that is, mere colored water, and they swallow, almost without chewing, hot bread, half baked, toast soaked in butter, cheese of the fattest kind, slices of salt or hung beef, ham, &c. all which are nearly insoluble. At dinner, they have boiled pastes under the name of puddings, and the fattest are esteemed the most delicious; all their sauces, even for roasted beef, are melted butter;† their turnips and potatoes swim in lard, butter or fat; under the name of pie or pumpkin [pumpkin pie ?] their pastry is nothing but a greasy paste, never sufficiently baked; to digest these viscous substances they take tea almost instantly after dinner, making it so strong that it is absolutely bitter to the taste, in which state it affects the nerves so powerfully, that even the English find it brings on a more obstinate restlessness than coffee. Supper again introduces salt meats or oysters : as Chastelux says, the whole day passes in heaping indigestions on one another ; and to give tone to the poor relaxed and wearied stomach, they drink Madeira, rum, French brandy, gin or malt spirits, which complete the ruin of the nervous system."

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* View of the Climate and Soil of the United States of America. By C. F. Volney.

† This remark of M. Volney reminds us of a later exclamation of a French traveller, "Mon Dieu! what a country! fifty religions and only one sauce——*melted butter!*"

This vivid statement of the Frenchman, though highly colored, from his indignation at our rude, unsophisticated, or, as he would consider it, unscientific cookery, is evidently based on truth and observation, and holds accurate in the main as to the diet of the New England laborer to the present day. Or at least it comprises those peculiarities which so strikingly distinguish him from the inhabitant of the old world. He yet differs from the inhabitant of almost every part of Europe in having an ample supply of animal food twice, and often three times, a day, the quantity of hot drinks that M. Volney asserts, and perhaps their quality, as well as that crude simplicity of cookery which so much excites the Frenchman's wrath. He has also had, since M. Volney's residence here, a still more general and unfortunate abundance of alcoholic drinks, which, it will be readily allowed, have exercised such a devastating influence on human life in the United States, that a large per centage should be allowed on this account, in the comparison of any tables of mortality of this and other countries.

What is the fact in relation to the health of the inhabitant of New England ? This of course forms a question of the highest importance, indeed we may say, of an almost decisive character, as to his diet. We will make a comparison, as extended as may seem necessary for our satisfaction, of the average number of deaths in the population here, and contrast this with that in some other parts of the world, by which it will be evident, as far as conclusions can be deduced from such circumstances, that the habits of the New Englander, as to diet, approximate *nearer* than those of any other people to the standard of correctness. Below we give the minutiæ of detail on which our conclusions are grounded, as we deem it necessary to make out this point specifically ; and though the data on which a judgment in relation to the mortality in New England can be based, are much less accessible than any one who has not made an attempt at an investigation would have supposed, yet enough is here exhibited, it is believed, to render it certain that the annual proportion of deaths is not greater than one in from seventy to eighty individuals.*

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* *Table designed to exhibit the annual per centage of mortality in New England :*

Names of Places	No. of years and date	Average of Population	Average of Deaths	Per centage
Alexandria, N. H. - - - - -	1. 1822	707	25	1.28
Amherst, " - - - - -	39. 1780–1819	1,753	24	1 73
Andover, " - - - - -	39. 1782–1821	1,194	11	1.108
Bath, " - - - - -	1. 1822	1,498	20	1.74
Boscawen, " - - - - -	1. 1823	2,113	38	1.56
*Boston, Mass. - - - - - -	19. 1813–1831	45,980	1,111	1.41
Concord, N. H. - - - - - -	30. 1792–1821	2,257	27	1.84
Charlestown, Mass. - - - - -	1. 1822	6,591	105	1.62
Deerfield, N. H. - - - - -	20. 1802–1821	1,950	22	1.88
Dover, " - - - - - - -	1. 1822	2,871	54	1.53
" " - - - - - - -	1. 1833		59	
Durham, " - - - - - -	1. 1822	1,538	38	1.40

* From Dr. Storer's tables in the Medical Magazine.

The following may perhaps be considered as fair a statement as has been computed in regard to the proportionate mortality of different countries. It is abstracted from the report of a very distinguished writer on medical statistics, M. Moreau de Jonnés, which was presented to the French Academy of Medicine at the Séance of July, 1833.

The ratio of mortality is—in Batavia, 1 in 26 ; Trinidad, 1 in 27 ; Martinique, 1 in 28 ; Bombay, 1 in 20; Havana, 1 in 33 ; Roman

Table continued.

Names of Places	No. of years and date	Average of Population	Average of Deaths	Per centage
Epping, N. H. - - - - -	10. 1812–1821	1,170	16	1.73
" " - - - - - -	1. 1834	1,158	11	1.105
Epsom, " - - - - - -	8. 1815–1823	1,336	16	1.73
Exeter, " - - - - - -	14. 1810–1823	2,200	27	1.81
Fitzwilliam, " - - - - - -	1. 1822	1,167	22	1.53
Hallowell, Me. - - - - - -	1. 1822	3,000	25	1.116
Haverhill, Mass. - - - -	1. 1834		73	
Hanson, " - - - - - -	1. 1822	917	32	1.28
Hartford, Conn. - - - - - -	1. "	4,726	125	1.37
Hopkinton, N. H. - - - -	2. 1822–1823	2,437	60	1.40
Kingston, " - - - - - -	1. 1822	847	17	1.49
Jaffrey, " - - - - - -	1. "	1,339	14	1.95
Lynn, Mass. - - - - - - -	1. 1834		152	
Milford, N. H. - - - - - -	16. 1806–1821	1,180	13	1.91
Nantucket, Mass. - - - -	1 1834		224	
Springfield, N. H. - - - -	20. 1802–1822	717	5	1.143
New Haven, Conn. - - -	1. 1822	7,147	144	1.49
New London, N. H. - - - -	1. "	924	13	1.71
Northampton, Mass. - - -	1. "	2,854	45	1.63
New Chester, N. H. - - - -	1. "	971	12	1.80
New Market, " - - -	1. "	1,083	22	1.49
Swanzey, " - - - -	12. 1810–1822	1,558	19	1.82
Warner, " - - - - -	6. 1817–1822	1,836	25	1.73
Pittsfield, Mass. - - - - - -	1. 1822	2,768	41	1.67
Pelham, N. H. - - - - - -	1. "	1,040	17	1.61
Newburyport, Mass. - - - -	1. 1834		112	
Warner, N. H. - - - - - -	6. 1817–1823	2,246	29	1.77
Worcester, Mass. - - - -	1. 1823	6,500	87	1.73
Sanbornton, N. H. - - -	33. 1790–1822	2,626	31	1.85
Plymouth, Mass. - - - - - -	1. 1822	4,384	53	1.82
Weare, N. H. - - - - - -	10. 1813–1822	2,752	28	1.98
Portsmouth, N. H. - - - -	2. 1822–1823	7,327	110	1.65
Thornton, " - - - - -	12. 1810–1822	825	6	1.137
Portland, Me. - - - - - - -	2. " "	8,531	172	1.50
Salem, Mass. - - - - - -	1. 1822	12,731	225	1.56
Springfield, " - - - - - - -	1. "	2,767	43	1.64
Weare, N. H. - - - - -	1. "	2,781	20	1.139
Derry, " - - - - - -	4. 1830–1834	2,500	25	1.100
Pembroke, " - - - - - -	1. 1822	1,256	11	1.114
Francestown, " - - - - - -	1. "	1,479	8	1.184
Exeter, " - - - - - -	1. 1834	2,800	28	1.100
Sanbornton, " - - - - - -	32. 1790–1823	2,627	31	1.85
Bow, " - - - - - -	10. 1812–1822	935	12	1 77
Bradford, " - - - - - -	9. 1809–1817	1,176	16	1.74
Brookline, " - - - - - -	5. 1808–1812	538	5	1.107
Canterbury, " - - - - - -	12. 1810–1822	1,611	17	1.94
Dublin, " - - - - - -	6. 1816–1822	1,620	15	1.108
Fitzwilliam, " - - - - - -	21. 1802–1822	1,252	14	1.89
Hawke, " - - - - - -	10. 1812–1822	421	5	1.85
Hollis, " - - - - - -	25. 1793–1818	1,642	23	1.71
Lyndeboro' " - - - - - -	10. 1812–1822	1,121	16	1.70
Rye " - - - - - -	37. 1785–1822	1,127	11	1.100

States, 1 in 30 ; Old Venetian territories, 1 in 30 ; Greece and Turkey, 1 in 30 ; the Low Countries, 1 in 39 ; France,* 1 in 39 ; Prussia, 1 in 39 ; Switzerland, 1 in 40 ; Austria, 1 in 40 ; Spain, 1 in 40 ; Portugal, 1 in 40 ; Russia, 1 in 44 ; Poland, 1 in 44 ; Germany, 1 in 45 ; Denmark and Sweden, 1 in 45 ; Norway, 1 in 48 ; Ireland, 1 in 53 ; England, 1 in 58 ; Scotland, 1 in 59.

In several of these countries, which are situated within the torrid zone, ample causes other than those connected with diet, exist for the great ratio of mortality. In others the circumstances of climate, civilization, &c. approximate more or less closely to those of New England. And while in some we must allow a considerable per centage for some peculiarly life-shortening circumstances, such as over-crowded population, burdensome taxation, despotic oppression, &c. *we* have a right to set up the mortifying claim, that no inconsiderable allowance, as before observed, should be made in the New England computation, for the deaths, occasioned over and above what occur in European countries, by the inordinate use of alcoholic drinks, which it is well known are obtained here at an amount of cost, as estimated by the quantum of labor, unexampled and unheard of elsewhere.

Since, then, the average of health and life (inferring the fact of health from the comparative amount of death, a statement probably true in this connection, though doubtless subject to exceptions in those latitudes and localities subject to malarious diseases, intermittents, &c.) is greater in New England than elsewhere, and as the climate, customs of temperance, &c. cannot be considered as peculiarly or even commonly suited to health, it seems but fair to conclude that the habits of the people as to diet are *as near what they should be*, as those of any part of the world.

The consideration of the degree of bodily vigor, of intellectual capacity, of moral and manly feeling, would be a subject of proud recapitulation to the native of New England ; but so little room for doubt exists as to these in the mind of any one acquainted with their past history or present character, that we may without the imputation of vanity say, that nothing unfavorable to his manner of life, as far as diet has any influence on these characteristics, can be deduced from an examination of our population in this point of view.

Though we thus freely and decidedly avow our belief in the general correctness of the diet amongst us, we cannot lose sight of the fact that there are many points in which it may be improved. This is more especially true in regard to the modes of life of our literary and professional

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Table continued.

In 20 towns in N. H. and Ms.† in 1806	Pop. 31,328	No. deaths 446	Per centage 1.70
In the State of N. H.‡ by calculation	244,161	3,000	1.81
Towns in Massachusetts§			1.81

* In France, in 1780, the deaths were annually 1 in 30 ; but during the eight years previous to 1824, 1 in 40, or one fourth less.

† Med. and Agric. Register for 1807, page 284. The mortality in the various towns in the table is from various sources entitled to credit—N. H. Hist. Collections, Annals, &c. &c

‡ "The annual average number of deaths in New Hampshire is estimated at about 3000. This number has been obtained by taking the mean annual average of a number of towns in different parts of the State for a series of years, and making a comparison, by the rule of proportion, between these towns and the other towns in the State."—*N. H. Gazetteer, by Farmer & Moore.*

§ "In several towns on Connecticut River in Massachusetts, the annual average mortality for fifteen years is 1 in 81."—*Dr. Brigham. Influence of Mental Cultivation*, page 95.

men ; but as our treatise is confined to the consideration of the diet of our *laboring classes*, the interesting inquiry into the changes demanded for the former cannot be pursued.

Since, then, no radical changes are deemed essential or expedient, an examination into the principal errors in the actual diet of the New England laborer, will determine an answer to the original interrogation propounded. These errors are :

1. Too great a proportion of animal food. Although having at the commencement of our undertaking arrived at the conclusion that the use of animal food, in its prepared state, as employed by civilized man, was neither contra-indicated by his anatomical structure, nor by the evidence of experience, we are still no less willing to admit that one of the most rying abuses in our system of diet is the over-abundant employment of esh. We place this error in the first rank, not because we are inclined o make that strict line of demarcation between animal and vegetable subances which recent *ultraism* in dietetics would fain prescribe. We are ersuaded that too much stress has been put on the abstract consideration food, as animal, or vegetable ; the former in itself being looked upon positively deleterious, and not as being the foundation of over-eating, at is, the supplying the system with too great and too rapid accessions nutritive material. Some of the enthusiasts on this subject seem, both theory and practice, not so much to have guarded against undue replen generally, as to have fulminated their cautions and warnings against t one prominent cause of gluttony ; they have freely employed and awed butter, cream, cheese, eggs, sugar, &c. and other articles of alint the most highly concentrated in nutritive properties of any we are uainted with, whilst the smallest quantities of the plainest cooked nal food have been proscribed, and that on reasoning hardly more substiable than the dogmas of oriental religion, or the dreaming fantasies o Rousseau.

he views which many popular writers on this subject have thrown on relation to the digestion of animal food, are exceedingly loose and unilosophical. They speak of it as being so highly *animalized*, that is, nearly approximating in its composition to the human body, that by impation they must be understood to mean that it is excepted from the dinary changes of alimentary matter in the digestive organs, and is reced into and becomes part of the economy by direct absorption, or by ne more summary and expeditious process than that of being resolv and re-composed. Animal and vegetable substances, by the analyses chemistry, are reducible into the same ultimate elements, oxygen, hydren, carbon, and, in most animal and a few vegetable matters, azote. Thetter opinion of modern physiologists is, that there is no one constant inciple of aliments which alone is capable of assimilation. Haller, for euple, thought this principle to be jelly ; Cullen that it was oil and sugar a combination of these ; Fordyce that it was the mucilaginous portic ; Richerand that it was always gum, sugar, or mucilage. It seems owever, to be sufficiently demonstrated that in the elaboration and foation of chyle, the food is resolved into its original elements, and by vitaffinities not well understood, re-composed into the organic structure. ence whatever is, from its chemical composition and mechanical structure, susceptible of being decomposed by the organs of digestion, is capable of being applied to the uses of the system. The resistance which different substances offer to this decomposing process forms their degree of digestibility ; their nutritiveness, supposing entire digestion is effected, will depend upon the difference of their elementary composition, and car be deduced only from experience, and not, as yet, from chemistry.* Animal food, it would appear, directly from the experiments of Dr. Beaumont, as well as presumptively from the observations of former writers is carried through the processes of digestion in a much shorter space c time than other substances, and the resulting chyle added to the circul tory system with great rapidity. See experiment 26, of Dr. Beaumont in illustration of this fact. The residuum left undigested of animal foc is comparatively inconsiderable. Hence after the ingestion of this, tl quantity of blood is augmented very considerably and very rapidly. Tl occasions a change in the equilibrium of the circulation, far beyond wl would result from the more gradual addition of supplies to the circulati fluids. In the latter case, during the time the chyle was being pou into the blood, a portion of that fluid would be expended upon the various offices of the system, and the vessels become accommodated to their increased fulness. Nature in the human system abhors sudden changes as much, in truth, as the ancient natural philosophers fancied she did a vacuum. After a full meal of animal food, the action of the heart is soon naterially increased, the pulse becoming fuller and stronger ; the face is ushed ; the brain is oppressed, as is evident from the drowsiness, and e indisposition for mental exertion or bodily exercise ; in short, a gen- al disturbance of the constitutional powers is manifested. This excite- ent has been described by Dr. Paris, as "the digestive fever."

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* It will be taken for granted that the ordinary views of the processes of assimila are substantially correct, or at least more true than false, as well as known to our rea; that although there may be many errors, absurdities and inconsistencies in the acces of this function by our best physiologists, still we have the basis of fact for the at outlines of a system of digestion through the agency of a *gastric juice.* The eximents of Spallanzani, of Tiedeman and Gmelin, of Leuret and Lassaigne, seem temonstrate the existence and agency of such a fluid.

If there are, and no doubt there must be, many of our American medical men, vse faith in the common system of digestion has been shaken by the talented, ingeniound philosophical treatise of Prof. Smith, of Baltimore, on Digestion [Physiological ay on Digestion, by N. R. Smith, M.D. New York, 1826], or if there are anyho have embraced the later views of a Philadelphia professor [Principles of Medicirby Samuel Jackson, M.D. &c. Philadelphia, 1833], (which latter supposition is hardlossible, as his ideas are veiled in the Cimmerian darkness of incomprehensible verby), the recently published labors of an American surgeon must go far to produce a ionversion to the olden doctrine.

We allude here to the " Experiments and Observations on the Gastric Juice the Physiology of Digestion, by Wm. Beaumont, M.D. Surgeon in the U. S. An" a work composed under circumstances which gave the writer a deeper entrance the very penetralia of Nature's temple, than has been before accorded to any indlual. Although evidently not pursued with that systematic and scientific ingenuit hich have characterized the investigations of the French physiologists, still these expoents have a degree of precision in detail, a *vraisemblance*, which, wherever they go, owever long they may exist, will never lose their value, as *facts.* (Opinionum cenenta delet dies, naturæ judicia confirmat. *Cicero, de Natura Deorum.*) The auths evidently unaccustomed to experiment for the purpose of book-making, or to rp the results to suit a peculiar theory or a new hypothesis. We shall draw considly on his volume, for illustrations on what we deem the most important points of ode of dietetics. Dr. Beaumont's now well-known experiments were made on a yo Canadian named St. Martin, in whom was a fistulous opening into the stomach in coquence of a gunshot wound. This opening was provided by an expedient of nature wit sort of valve, preventing the escape of the gastric contents and placing the organ irarly its original state, but capable of being pushed aside in order to admit substance be experimented upon. The digestion of the individual, and consequently his healt trength, and capacity for labor, &c. were in a natural state.

This case, so interesting and important, is in some respects not unique. F similar example of fistulous opening into the stomach, the medical reader is referred the Elemens de Physiologie of Richerand, Tom. I. p. 202. The same case is alsecited in the Dict. des Sciences Med. Art. Digestion. The experiments in this innce were comparatively imperfect and unimportant, on account of the broken downte of the patient's health and constitution.

† Op. infra Citato. p. 143.

After the lapse of a few hours, in which nature has been busily at work disburden herself of the load thus cast upon her, through the medium discharging a portion from the various emunctories, and, as it were, te-gates and safety-valves, of the system, and fitting the remainder for various uses of the economy by the agency of the pulmonary, and laps other organs, the system arrives at its original level, till it is again ed upon to be over-stimulated by too much and too nutrient diet. T fluctuation produced by a quantity of food sufficient only to repair th aste of the system, is something, but not of that overwhelming, de- st ve character, which gluttony produces ; keeping up a constant war- fa tween the conservative power of the constitution and the intrusion of r-supplies. The springs of life are urged on too fast, by over- stir ion from this cause, in a manner similar or rather analogous to the ue excitement produced by alcoholic stimuli. The excitability of t stem is worn out and exhausted.

T effect of a repetition of the excitement of too much nutriment adde the system, is ultimately to give too great a preponderance to the s iferous function. Although the plethoric habit of body is to be, and ally amongst the laborers in New England is avoided by their great unt of bodily exercise, the surplus nutriment is disposed of, in a gre rtion, through organs of great delicacy and importance, the lungs skin. These are thus called on to execute habitually more than they c erform, without rendering any sudden derangement or stop of their ons a serious interference with the healthy state of the indi- vidual. ive we not in this suggestion, conjoined with the changing charact our climate, a key to the prevailing habitudes of morbid ac- tion am our population ? Experience shows that a great proportion of the d es of New England are diseases of excited action, requiring the emp ent of the lancet and other depleting measures to an extent unknow unparalleled in other countries.* We may account in part for this ous fact, by considerations of climate, but the constitutional peculiari temperament must be mainly ascribed to an over-nutritive and over lating diet. Some further observations on the unnaturally augmente on of the cutaneous and pulmonary transpiratory functions will be ad when considering the influences of hot fluids on the health.

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[*] What w country practitioner in New England (of which unfortunate frater- nity, the wri resco referens) acknowledges himself to be one) think of treating a pleurisy, o tis, or any other acute inflammatory disease, after the mild plan of ptisans, antin &c. laid down in our medical journals, as practised in the French and other Eu hospitals !

To what extent a reduction in the quantity of animal food should b made, we believe it is impossible to say with precision ; to lay down an general rule which will meet individual application. The grand princip is, that the quantity of nutritive aliment should be in proportion to t expenditure of the energies of the system by active exertion of bod having in view individual temperament, habits, &c.

This, like all other points of diet, can be solved only by experien The writer has found, on pretty extended investigation into the habit the first settlers of the part of the country where he resides, who pre-eminent for health, longevity and bodily strength (so much so, t a distinguished collector of statistical facts has drawn most of his illustra s and premises on longevity from them*), that a much less amount of i- mal food was formerly employed than at the present day. The e- stricted themselves to two meals, of which meat was a part, per da he third, or supper, being simply of bread and milk, *hasty-puddin* c. almost universally.

The objection which recent writers and lecturers, who advo the entire disuse of animal food, make to it on account of its being ient in a too concentrated state, that is, having too small a proportion ndi- gestible parts, deserves consideration. This objection is gener con- sidered as sustained by the experiments of Magendie and other iolo- gists, on animals. Dogs, rabbits, &c. fed on oil, sugar, & which are almost entirely convertible into chyle, became diseased ar ed in the course of a few weeks. His conclusion at first was that al life could not be sustained without the food contained a proportior azote, which, in the highly nutritive substances he experimented , was wanting. Subsequent experiments convinced him that his conclu- sions were not well grounded, and "induced him," remarks Dun- glison, "to conclude, as Dr. Bostock and Sir Charles Bell e since done, without being aware apparently of Magendie's obser ns, that variety and multiplicity of articles of food constitute an impor ygienic rule." "This," Magendie adds, "is indicated to us by nstincts, as well as by the changes that wait upon the seasons, as r s the na- ture and kind of alimentary substances."

That the bulk of food, or rather its admixture with in tible sub- stances, is an important circumstance to a healthful dig is a fact long since known and freely admitted. Even the persona erience of the savage Esquimaux has taught him to mix his train oi saw-dust. The necessity of bulky food is perhaps adequately explai n the view of the influences produced by it on the constitution, w ts nutritive proceeds are too rapidly turned into the circulation ;—pe something, too, may be allowed for the effects produced by the stim distension, which the stomach, like the other hollow viscera, may r for the due performance of its office. At all events, this objection o great con- centratedness goes only to establish, what at the pr day no one would be found to advocate, the inexpediency of an sively animal diet.

[To be continued.]

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* Worcester. Annals of the American Acad

MIDWIFERY.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In the twelfth volume of your Journal, page 248, is a communication by A. P. Fuller, M.D. in which he makes some remarks on the speedy and forcible removal of the placenta. Dr. Fuller says, "Since that time (alluding to his first case), I have usually made it my practice to remove the placenta very soon after the birth of the child, by force if necessary."

This all may be right, if rightly understood; yet if intended to alter the general practice as laid down by modern systematic writers, I think it may mislead the younger part of the profession. An experience of nearly thirty years has led me to the conclusion that force, or haste, are *seldom* necessary for the delivery of the child or placenta; but I know that at times it may be otherwise. I have two cases to present, the treatment of which was as different as their results were unlike.

In 1808, I was called to visit Mrs. C. in a neighboring town, who had been three days in labor with her first child. Four respectable physicians had been in attendance for more than three days, and considered her case nearly hopeless; all except one had left. On examination, the presentation was found natural, the parturient effort frequent and powerful; the parts fully dilated, not rigid. Repeated trial of the forceps had been made, the head had been opened, and there was no apparent good reason why a speedy and safe delivery could not be effected.

After various trials, with much difficulty I succeeded in delivering the head in the absence of all natural pain. After a short respite, I endeavored, during the pain, to bring forward the body, but in vain. My utmost effort of strength, well seated, and my knees resting against the bedstead, was not sufficient to effect a delivery. Assisted by Dr. F. in the absence of pain I at length succeeded in delivering the child. Waiting a short time, and there being no prospect of obtaining the placenta, all pain having ceased, I easily introduced my hand into the uterus, where I found an hour-glass contraction so small and firm that with difficulty one finger could be pressed through by the side of the cord. Never having met with the like before, I withdrew my hand, and in consultation with Dr. F., who was an able and experienced practitioner, it was agreed that he should, without delay, attempt the removal of the placenta by art. He made the trial, and by patient effort of about twenty minutes succeeded in bringing away the placenta entire. It had no adhesion, but was forcibly retained, as was the child, by the hour-glass contraction. No hemorrhage ensued, although the uterus did not now contract very readily or completely.

Our patient having suffered so much and so long, was now animated and cheerful; she took a little gruel, called for her pinch of snuff, and used it. In about half an hour from this time, at her earnest solicitation, she was removed into an easy chair, partially elevated. While here, and we congratulating ourselves on her happy prospects, in about fifteen minutes a change came over her countenance, spasm ensued, a general convulsion followed, and death immediately closed the sad scene.

Remarks.—Two essential errors at least were committed in managing the foregoing case after the patient came under my care; first, the *early* forcible removal of the placenta, when there was no hemorrhage; secondly, the placing her in a posture approaching to erect. Time, external pressure, friction, &c. ought to have been the resort for the removal of the placenta; this having failed, the forcible removal *possibly* might have become advisable. When the hand was in the uterus for the removal, internal irritation, with external pressure of the fundus, should have been tried to produce a more equal contraction, as this did not fully take place.

I am one of those heterodox practitioners (if you please to call me so), who do not believe that a retained placenta *necessarily* produces any dangerous or deleterious consequences. I would always wish its speedy exit, and where flooding ensued and continued, should endeavor its removal by force, where other rational means failed. When a woman has been long in labor, much exhausted by pain and irritation, I believe she will with much less hazard of life sustain the loss of a moderate portion of blood subsequent to the delivery of the child, than the immediate, and many times difficult and painful introduction of the hand and forcible removal of the placenta.

The following is a case in point. Mrs. F——, aged thirty years, after having been in travail sixty hours with her first confinement, was delivered of a living child. Little loss of blood followed. She was much exhausted. I made the usual effort to remove the placenta, but was not successful; pressure, friction, ergot, &c. all failed; the umbilical cord was very small and tender, the os uteri contracted.

After continuing my efforts for about six hours, there being no parturient action to aid me, I resolved to leave her and trust the event to nature. Her attendants were at once alarmed, supposing that if so left, mortification would necessarily follow. Mrs. F., worn out with pain and completely exhausted, was well satisfied with my reasoning and my determination, being willing to hazard all for the sake of being let alone.

I left her on Saturday evening, about nine hours after the birth of the child, with directions how to proceed if hemorrhage ensued, and to give me early notice. No unusual symptoms or trouble occurred; there was very little loss of blood, and on Wednesday following, at 2 o'clock, P. M. being four days and two hours from the birth of the child, while evacuating urine the placenta came away, without any assistance. She had a good recovery, and has since borne several children.

St. Johnsbury, Vt. 1835. CALVIN JEWETT, M.D.

EQUILIBRIUM OF THE PHYSICAL AND MENTAL ORGANS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have thought much of the necessity of certain due proportions between the different parts of the human system, in order to the perfection of *health* and mental manifestation. This pre-supposes the necessity of what may be aptly termed an equilibrium of the mental and bodily organs. Precocity is one of the disordered states of the system in which this equilibrium is destroyed by the too great size and activity of the brain.

Tendencies to this are sometimes hereditary. Where both parents are highly intellectual, with large heads and nervous temperaments, it is not uncommon for their children to be precocious. The nervous system predominates greatly in early life. The head is then much larger in proportion to the body than it is at a later period. The brain is very soft, and even almost liquid, during childhood, and is largely supplied with blood and grows with great rapidity. This growth may be rapidly and diseasedly increased by great excitement of the brain, as in violently exciting the intellectual or affective faculties. It generally so happens that the children of educated parents are most liable to this sudden growth, both from tendency to excitement, and a course of *training* and attention which produces great excitement. The blood is thrown to the head with increased velocity, and the size of the brain is increased just as is the size of the hand that is constantly used. This is followed by precocity. The child manifests wonderful talents for its age, and its parents and all the family friends are emulous to learn it as fast as possible. Soon the brain that is so constantly excited becomes inflamed and diseased, and the child is, like the fruit that is early ripe, soon destined to return to its elements. I have seen many children of this description who have died, some at two, some five, some ten, and some twelve years of age.

The doctrines of phrenology (that abused science), when properly understood, will enable parents to discover early tendencies to precocity, and enable them to adopt such a course as is best calculated to counteract it.

About a year since a child was brought to me by its mother, that I might remark upon its physiological appearance. The little girl was then nine years of age. Its head was remarkably large, with a small face and an exceedingly delicate nervous frame. When spoken to, it became tremulous, and its cerebral action seemed to shake the whole system. The parents are very intellectual, and move in the first circles, and seem excessively fond of their children. The father afterwards remarked to me, that all he lived for was his children, and that he thought he understood how to manage them pretty well. I happened to know one or two items of this management. The child I am speaking of had learned Latin, Greek, Hebrew, and some of the modern languages—had attended to philosophy in several of its branches, and to music, and in every way had been allowed to go on with her studies to any extent she pleased. The night before I saw her, the mother had taken her to the theatre, and the child had been so much excited by it, that it could not sleep. How long will that little feeble frame support such a brain? It does not require less than one-third of all the blood of the system to sustain it. The child yet lives; and long may it live, is not only the parents', but my earnest prayer. But prayers will not be answered, when we go on in violation of natural law. Suppose such a child should take a cold and a fever should follow, how slight would be its chance of recovery!

I mention this as but a single case out of many. I was in the study of an artist in one of our cities a short time since, and saw the pictures of no less than five precocious children, all taken within the two preceding months, and after death! To see an individual in middle life, who was precocious when a child, would be one of the most rare occurrences in my life. But precocious *children* are to be seen daily. Why will not parents study the natural laws? Let them *study* Dr. Combe's little work on the Principles of Physiology applied to the Preservation of Health and the Improvement of Physical and Mental Education. I say study—mere casual reading should not suffice. It is one of Harper's Family Library, and costs but fifty cents. It should lay on the mantle-piece or the centre table, to be taken up daily and digested by piecemeal. Dr. Brigham's little work on the Influence of Mental Cultivation upon Health, is also a valuable book, and not liable to the objections which we are constrained to make against his late work, "The Influences of Religion upon Health." J.

Boston, November, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 2, 1835.

MEDICAL SOCIETY OF NEW YORK.

In the November number of the U. S. Medical and Surgical Journal, is a condensed history of the Medical Society of the great State of New York, which cannot be otherwise regarded by the profession than an important document. To us, who have no personal interest in the constitution or operative By-Laws of this institution, a journal of the business transactions of a neighboring Society, whose protecting influence is felt in every city and town where its jurisdiction is extended, becomes a valuable book of reference. Without just such a bird's-eye view as the one before us, the origin and progress of the Society would soon become obscured by the increase of business and the accession of a multitude of members, distributed widely over a large extent of country.

It is a prodigious fault in this country, that incorporated literary societies are disposed to show the world no favors—and in looking back upon the doings of many new fledged institutions that promised extensive benefit to mankind, nothing has been heard from them since the day of their incorporation, worth recounting. Instead of regularly and systematically publishing, minutely, a journal of each sitting, which by courtesy, at least, they are bound to do, the most that the vulgar eye ever discovers is the mere evidence, about once a year, that an annual meeting is notified in some weekly paper.

Our medical societies, above all others, have been wofully negligent in exhibiting the results of conclave labors. Regularly drawn up papers, squared, planed and varnished for a great occasion, march into the pages of a blue, board-bound, slovenly-stitched volume, occasionally—and down they go into the dust, for the future excavation of posterity; but so little is known of what is done, and how, that a revolution is demanded. Though an age of anti-ism, medical men, of all others, should have nothing hidden. We like to know who was chairman, who were present, what was said, who were honored, and who deserved better treatment than they found. This is the true English, French and German mode of conducting public medical assemblies; and they flourish, because every person of character, even though without the pale of the profession, is made acquainted with the learning, eloquence, ingenuity and respectability manifested in the minute details which are presented to the people, through the press. Contrast with this, the mode pursued in some of the States. A printer might solicit permission to publish the ordinary records of an evening meeting of a score of the most learned savans in the Union, till his hair became frosted by age, without succeeding—and simply because a false estimate is placed on their value.

The journal of the Medical Society of New York is precisely the kind of paper that every similar association should furnish to its members. Indeed, as a whole, it is admirable. You may know by it the week, and almost hour, each event occurred, from the day of its incorporation to the present time. Instead, however, of imposing the trouble upon the editor of the Journal to follow out the records in detail, a pamphlet, published annually, at the Society's expense, precisely like the one before us, would have met the entire approbation, doubtless, of all the physicians and surgeons belonging to the Society. As it is, they get it for almost nothing—without thanking the gentleman for his pains.

It is desirable that the Medical Society of this Commonwealth should publish its business journal, from the books, minutely. It would have a wonderfully spirit-stirring effect. Beside very much obliging Fellows who cannot always be present, gentlemen abroad would probably derive pleasure and satisfaction from it.

For ourselves, we feel under personal obligation to the editor of the Journal referred to, for the good example he has set forth for all other medical societies.

THE ABRACADABRA OF THE NINETEENTH CENTURY.

Some weeks ago, we gave a passing notice of a book, published in New York, entitled "Remarks on the Abracadabra of the nineteenth Century; or on Dr. Samuel Hahnemann's Homœopathic Medicine, with particular reference to Dr. Constantine Hering's Concise View of the Rise and Progress of Homœopathic Medicine, by William Leo-Wolf, M.D." with a full intention of entering more into particulars at some convenient day. After another examination of the work, we are free to say that much curious biographical knowledge, touching the king of quacks, Hahnemann, may be found in it, which does not exist in any other English book, in connection with other miscellaneous matter, both new and curious to an American reader. There is, however, a glaring fault, pervading the whole, which could not have been anticipated in the critical writings of a German philosopher. We allude to the entire want of method in the arrangement of the subjects presented to the public. There is neither, strictly speaking, a beginning or an end; the author never rested till he had actually produced two hundred and seventy-two closely printed octavo pages, beside marginal notes of frightful dimensions. A sub-division into chapters, at least, and a copious index, would have obliged the whole fraternity of medicine.

With regard to the merits of the performance, it is still difficult to decide. A more popular form would have given it a more extensive circulation, and it would unquestionably then have fallen into the hands of those who are exclusively the dupes of charlatanical knaves. As it is, none but physicians would think of taking it in hand, and a few, only, of that class, we opine, will ever be at the trouble of giving it a thorough perusal. To countervail the determined force of empiricism, acting in full vigor in these devoted States (the strong hold of every adventurer in nostrums), the press should aim to guide the ignorant. Physicians and surgeons require nothing to keep alive a deep-rooted sense of indignation towards the lawless wretches who thrive just in proportion to the havoc they make with the health and purses of their infatuated followers. We perceive that disciples of Hahnemann have opened their batteries here, which nothing short of intelligence can oppose. Dr. Wolf intended a fatal blow to their success, but, to our infinite regret, has entirely failed. Were he to compress to half the present size, and then make the remainder intelligible to common understandings, his ostensible object would speedily be obtained.

BURIAL OF THE DEAD IN CITIES.

For successive years, we have endeavored to impress upon the public mind the extreme hazard of suffering the dead to accumulate in the various cemeteries and tombs of this densely inhabited city. Not wishing to urge the mere declaration of an individual opinion, that the practice was one fraught with future danger to the health of the inhabitants, authentic cases have been cited from time to time, which have proved, beyond the shadow of doubt, that the thousands of bodies in various stages of animal decomposition, in Boston, must have a decidedly deteriorating effect on the air that is breathed and the water that is drunken by the people. No perceptible evil growing out of this reprehensible custom, has yet been discovered :—that is, a pestilence has not been generated in the damp, gloomy receptacles of the decaying dead, under the churches ; but in process of time the poisonous vapors will escape, charged with a message of death to whoever happens within the sphere of their noxious influence.

We are not ignorant of the ingenious arguments advanced in favor of the continuance of the nuisance ;—but all the facts, in the history of old European cities, establish, incontrovertibly, the position, that human life must be abridged by inhaling the contaminated atmosphere of a region in which putrid animal remains are continually accumulating. Though nature endeavors, by unobserved processes, to preserve the balance of power in favor of the living, in a compact city, she cannot always compete with civilized man, who gathers into frightful masses the changing bodies of thousands upon thousands—faster than the mephitic gases can be wafted from the horrible recesses in which they are elaborated.

In the city of Boston, the evil day is coming when the short-sighted policy of our forefathers will be felt in this respect, in all its destructive character and tendencies. But the wonder is this,—why are burials still permitted within the precincts of the old city ? Look at the churches, and those, too, most centrally located, in whose arched vaults are progressively mouldering into dust, a larger multitude than crowd the aisles above—who are unconscious of the gloomy spectacle beneath their feet, or of the tainted air which they inhale.

No burials should hereafter be permitted within the city ; and were a health police regulation of this kind rigidly enforced henceforward, a hundred years would be none too long a period for purifying the places where so many bodies have joined their mother earth. Though no expectations are entertained of inducing the municipal authorities, by these remarks, to interdict interments within the limits of Boston, we cannot refrain from giving a warning voice—with a hope that some prospective good may result from it.

Every city in the United States, unfortunately, has tolerated the same bad custom; but in none of them are the citizens so circumscribed and compact, as in Boston—we repeat it, therefore, that unless the whole system is abandoned, and the churches are freed from the corruption that now reigns within their hallowed walls, there is reason to fear that a future generation will suffer by our neglect.

MEDICAL COMMENCEMENT.

Graduates of the Berkshire Medical Institution will receive their diplomas this day. We understand there are thirty-two candidates. The term has been one of unusual interest. The lectures of Dr. Bartlett on Pathological Anatomy are well spoken of by the students. He is a man of sterling acquirements, whose usefulness in the chair he at present occupies, promises well for the future reputation of the School. Dr. Childs, always fortunate in teaching the Theory and Practice of Medicine, has given peculiar satisfaction to a large and intelligent class of students. We are also happy to learn that Mr. Frizzle, the Demonstrator of Anatomy, has made himself exceedingly useful to those engaged in the dissecting room. Dr. Parker will immediately join the class at Geneva, where he holds the professorship of Anatomy and Physiology.

Treatise on Smallpox.—A new edition of our friend Dr. Fisher's beautifully executed illustrations of the smallpox and varioloid, is on sale at the principal bookstores. We consider it in the light of an indispensable book of reference, by which the physician may at once detect those diseases. Objections have been made to the price, but unjustly. The cost of engraving the plates, alone, was not far from eight hundred dollars. When to this, is added the expense of coloring them, and printing the text, no man in his senses could reasonably object to paying ten dollars for the best treatise in our language.

Lectures on the Brain.—We learn that the lectures on the brain of man and other animals, before the Phrenological Society, were well received. Some of the drawings used in the demonstrations were excellent, on account of their great size—enabling those in the farthest part of the hall to see each part distinctly. The Society's collection of plaster casts, now lodged in a basement room of the Masonic Temple, is well worthy the especial visitation of gentlemen visiting the city. No other museum is thought to compare with it in this country.

Feuds among Physicians.—A gentleman in a country town, where there are five practitioners of medicine, no two of whom can speak civilly together, desires to know how one hundred can live in Boston without quarreling ? Answer. In the first place, every physician in the city is considered a gentleman, till he shows himself to be otherwise. Secondly, each one devotes himself exclusively to his own individual business. Thirdly, they have nothing to quarrel about.

Massachusetts General Hospital.—There were two important operations at the Hospital on Saturday last. One was for an aneurism of the brachial artery of the right arm. The patient was a stout, hale man, of about 40, who made no complaint whatever. We hear he is doing well. Dr. Hayward operated.

The second was in consequence of a dreadful compound fracture of the right thigh bone and knee, in a boy, not far from twelve years old, who was accidentally run over a few days before by a fire engine. The wound was enlarged, through which the condyle previously protruded, and the bone sawed off about two inches and a half above the joint—thus completely taking away the upper half of the articulation. We hope to be furnished with a history of this interesting case to its final termination. Dr. Warren was the operator.

Smallpox.—One case has occurred, recently, at Woonsocket Falls, R. I. A brisk vaccination was forthwith commenced by the physicians of the place, who have doubtless circumscribed the disease, ere this.

Whole number of deaths in Boston for the week ending Nov. 28, 46. Males, 21—Females, 25.

Of measles, 10—typhous fever, 3—bowel complaint, 2—lung fever, 2—scarlet fever, 1—infantile, 4—consumption, 7—dropsy on the brain, 2—unknown, 1—inflammation of the bowels, 1—croup, 2—convulsions, 1—inflammation on the lungs, 1—dropsy, 1—drowned, 2—hooping cough, 1—burn, 1—bleeding at the lungs, 1—intemperance, 1—stoppage in the bowels, 1.

ADVERTISEMENTS.

MEDICAL SCHOOL OF MAINE.

The Medical Lectures at Bowdoin College will commence on *Monday*, the 22d day of February, 1836

Anatomy and Surgery, by Jedidiah Cobb, M.D.
Theory and Practice of Physic, by William Perry, M.D.
Obstetrics and Medical Jurisprudence, by James McKeen, M.D.
Chemistry and Materia Medica, by Parker Cleaveland, M.D.

The *Anatomical Cabinet* and the *Library* are annually increasing.

Every person, becoming a member of this Institution, is required *previously* to present *satisfactory* evidence that he possesses a good moral character.

The amount of fees for the Lectures is $50. The Lectures continue three months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September. N18—5teop

Brunswick, November, 1835. P. CLEAVELAND, *Secretary.*

MEDICAL TUITION.

The subscribers have recently made some additional arrangements for the instruction of medical students. A suitable room is provided, as heretofore, for the use of the pupils; the necessary books are supplied, and a systematic course of study is recommended. Personal instruction is given to each pupil in each of the several departments of medical knowledge. Every facility is provided for the cultivation of practical anatomy, which the present improved state of the law permits. This department will receive the constant attention of one of the subscribers, who will always give such aid and instruction as the pupils may need.

The pupils have free admission to the lectures on Anatomy, and on Surgery, in the Medical School of Harvard University, and to all the practice of the Massachusetts General Hospital; and generally they have opportunity to attend private surgical operations.

The terms are, 100 dollars per annum ; to be paid in advance.

JOHN C. WARREN,
GEORGE HAYWARD,
ENOCH HALE,
J. M. WARREN.

Boston, October, 1835. Oct 28—6tcop

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ON MENTAL EMOTION AS A CAUSE AND CURE OF DISEASE.

BY JOHN SCOTT, M.D. FELLOW OF THE ROYAL COLLEGE OF SURG.

It is not my intention to enter into the wide and interesting field of speculative inquiry, which forms the subject of the following cases; my object is to briefly detail three instances of disease produced apparently by mental excitement. It may sometimes be useful to describe cases which, though not of great importance in themselves, may lead to the communication of interesting and valuable information from experienced members of the profession.

1. *Instance in which a convulsive affection was produced apparently by panic.*—A boy, about 10 years of age, residing in the High Street, was brought home in a state of insensibility. I saw him a few minutes afterwards. The countenance, hands, and arms, were of a dusky blue; the skin cold; the pulse at the wrist scarcely perceptible; the heart acting very feebly; slight convulsive motion in the lower extremities at intervals. He was found lying in this state at the head of a close, insensible and vomiting.

A vein was opened in the arm, from which a few drops of very dark-colored blood flowed. Heat was applied to the legs and body, and a mustard emetic poured down his throat. This soon excited free vomiting. The blood flowed from the arm in a fuller stream, and the patient showed signs of reanimation. Slight convulsions continued, but in about two hours he was much recovered. When I saw him next day, he was nearly well, and complained only of his head, but he had several attacks of a similar kind, though less violent in degree, during the night.

Upon investigation, it was satisfactorily ascertained that a butcher's boy had run after him with a knife, threatening to kill him, when he dropped down in a state of insensibility. He had not been previously affected with fits of any kind. As the case occurred immediately before the appearance of cholera in Edinburgh, it excited considerable alarm, as the symptoms were thought by the by-standers to resemble those of that disease.

2. *Case of fatal inflammation of the Membranes of the Brain induced by panic.*—A fine intelligent girl, aged 8, became a dispensary patient on Saturday, the 31st April, 1827. I saw her about 1, P. M. and received the following history of her complaint. On Thursday evening, she received a fright, and was seized with violent shivering, and during the night complained much of pain in her head, which prevented her from sleeping. On Friday her sight and hearing were observed to be affected.

When I saw her, she was moaning occasionally, had several slight shiverings, and seemed to be insensible, as she did not answer when spoken to. The eyes were bright, the pupils moderately contracted, and sensible to light, though the eyelids did not shut on the approach of the finger; the features were natural; the pulse quick and irregular; she raised her hand to the head occasionally, as if to remove something that incommoded her. At short intervals she had a slight shivering or rapid muscular contraction of the whole body, accompanied by moaning; at other times she lay quiet. The jaws were firmly clenched; the heat of skin moderate; and the head warm, with great vascular action. No passage had taken place from the bowels since the attack came on.

I ordered calomel powders and turpentine injections every third hour. A few ounces of blood were taken from the arm, and twelve leeches were applied to the head.

Sunday.—The features were collapsed; the *alæ nasi* distended; general restlessness and shiverings, more approaching to slight convulsions; eyes dull; pupils not dilated; complete insensibility to light; pulse remarkably quick and weak; arterial action over the temples and forehead strong; bowels opened very freely by the medicines; a blister to the neck; cold applications to the shaven scalp, and the calomel and injections continued. She grew worse during the night; was seized with violent convulsions, and died at 5 on Monday morning.

About twenty-nine hours after death, I examined the head. The countenance was placid; the lower jaw firmly fixed; the pupils moderately contracted; and a little foam was observed at the corners of the mouth. The head was large; the superficial veins large; the skull uncommonly dry and bloodless.

The *dura mater* was natural externally; its internal surface very red on the anterior and superior part, exhibiting both the ramiform and punctuated redness. When removed, the appearance presented was very singular. It seemed at first as if the whole superior surface of the brain was covered with a layer of light yellow purulent matter; but this was found to arise from a firm deposition of coagulable lymph below the arachnoid membrane.

The arachnoid was extremely dry, presenting its usual bloodless appearance, the yellowish lymph shining through it; but though extending from the frontal protuberances to the *occiput*, it was not uniform, the membranes retaining their usual color and appearance. The arachnoid, lymph, and *pia mater*, could easily be stripped from the brain, which in some small points was softened; in others, when the lymph was removed, was found covered with very numerous small red spots. The lymph was not merely spread over the surface of the brain, but entered between the convolutions, evidently proceeding from the *pia mater*, which was loaded with innumerable vessels.

The membranes of the basis of the brain, though redder than natural, were free from lymph, except around the optic nerve, where it was again visible. The *plexus choroides* was turgid with blood. The brain itself, with the exception of the softened parts already mentioned, was healthy. There was very little *serum* in the ventricles.

A considerable quantity of milky *serum* flowed from the spinal canal.

3. *Case in which symptoms of Chorea were excited by fear.*—Miss B., aged 13, a fair slender girl of nervous temperament, came home from school in a state of considerable agitation, which she attributed to a quarrel between two boys in the street, which had greatly terrified her. In the evening it was observed that the left arm had an involuntary motion, which increased so much in a few days that she could not hold anything steadily, or carry it to her head. The bowels were found to be loaded, and the alvine discharges dark-colored and offensive. Laxatives were regularly and rather frequently administered. She was taken from school and ordered to be as much in the open air as possible. Opiate frictions were applied along the spine, and the body sponged with vinegar and water. The disease, however, continued to increase, and in ten days it was observed that she dragged the leg in walking. The purgative plan was persevered in till the alvine secretions were improved. The head and neck were also affected. The countenance now looked clearer, and she felt better; but there was rather an increase than abatement of the affection.

Sulphate of quinine, and afterwards the oxide of zinc, was given. The latter medicine, however, after two or three doses, always produced a peculiar kind of sickness, by which she recognized it, however disguised. After a trial of several other remedies, four drops of the arsenical solution were given three times a day.

She was then sent to the sea-side, and used the cold bath. This, however, did not agree with her, as the convulsive motions were always increased after its employment. It was, therefore, omitted, and cold sponging substituted. In about three weeks she was nearly well, and the irregular motions in the leg had entirely ceased. They still continued in the hand, but in a slight degree. The arsenical solution appeared to produce no unpleasant effect. The appetite and strength increased under its use, and it was continued for some time after the disease had disappeared. The whole quantity given was two ounces. She left town in perfect health.

This case is interesting from some of the circumstances attending it. I was at the time visiting a younger sister, and observed that Miss B. was looking ill, pale and emaciated. On inquiry, the bowels were found to be loaded, and the discharges dark-colored. Having come to town for education, I found she was employed in classes from nine to three, P.M. besides preparing in the evening for the lessons of the next day. I advised that two additional hours should be devoted to exercise, but before this had time to produce any effect, a cause which, under more favorable circumstances, would have passed unnoticed, produced in her deteriorated state of health an attack of *chorea*.

4. *Case in which the symptoms of Epilepsy were prevented from recurring by apprehension.*—The cases in which Boerhaave prevented the attack of imitative epilepsy by the threat of the hot iron, are well known. A similar result followed in the ensuing case.

J. S., 8 years of age, was brought from Glasgow, for medical advice. He had been affected for nearly a year with fits, which were considered as epileptic. They had at first occurred at considerable intervals, but for some time past were very frequent, sometimes three or four in a day. The head was large, the veins of the temples and forehead particularly distended. He was considerably emaciated; the abdomen tumid; the skin rough, dry and scaly; appetite irregular. Several medical men had been consulted, but from the persistence of the affection, it had been considered as depending on a diseased state of the brain. A full detail was furnished by his medical attendant, from which it appeared that various means had been used, more particularly nitrate of silver. On the journey to Edinburgh he had three or four severe attacks, which, from description, had the epileptic character. I saw him in the evening, and ordered some laxative medicine, and met Dr. Abercrombie in consultation next morning. On finding the evacuations lumpy, fetid, and clay-colored, we determined to try the effect of turpentine, which was given in half-drachm doses three times a day. This acted freely on the bowels; and during the three weeks he was under our care, he had no fit, and his health and strength improved. I accompanied the family part of the way on their return to Glasgow, and an accident occurred, which his parents assured me would at a former period have infallibly produced an attack, but it passed over with merely a fit of crying.

Shortly after his return, I was sorry to hear that the fits had returned, though in a much slighter degree than formerly, and were threatening to become frequent. The medicine was continued. The fits were eventually prevented by imitating Boerhaave's expedient. The servant girl mentioned to his mother in his hearing, that, in her country, she had heard of people cured of fits by means of a red hot iron applied to the feet during the fit. She was desired to have it in readiness; but there was no occasion to try it, for no fit ever returned. The fear of the remedy effectually prevented their recurrence.

Here it was obvious there was no organic affection; and the disease was kept up by habit. In fact, the change in the first instance from Glasgow to Edinburgh seemed to have considerably interrupted the habit.

DR. BELL'S PRIZE DISSERTATION ON DIET.

[Continued from page 268.]

The next prominent error in the diet of the New Englander, running into and intimately connected with that which has just been considered, is the too abundant use of food generally.

Many of the weighty objections to an undue use of animal food will equally apply to the excessive ingestion of an ordinary mixed diet, and therefore no more need be urged, as to the general effects produced on the system by over-eating. It is hardly necessary to observe that there can be little probability, perhaps scarce a possibility, of injury being done to the system by plethoric repletion, if the aliment is confined wholly to vegetable substances. And we may observe, *en passant*, that we know of no objection to the sedentary, who have few calls upon the excitability of the bodily system, making their diet exclusively vegetable, provided their digestive organs are equal to the labor of converting the requisite amount of this nutriment to the wants of the economy. Indeed to those of this class, possessing little command over their sensual propensities, the entirely abstaining from animal food may be advisable.

We shall regard this branch of dietetic error only as to its influence in producing derangement of the digestive organs;—its evil effects, to be sure, soon become general or constitutional, but in a different manner from those before mentioned. The human stomach is capable of mastering or converting to the uses of the system only a certain portion of aliment. The rationale of this fact, so long known to observers and physiological writers, was never clearly explained until the experiments of Dr. Beaumont proved conclusively, that the gastric fluid ceased to be secreted beyond a certain limit, however much food might be taken into the stomach; and that this secretion was analogous to a chemical agent in its action on the food, combining with a definite proportion only, becoming saturated and inadequate to produce any further effect. Consequently all the food, beyond what was required to neutralize the gastric juice secreted, remained in the stomach to act as a foreign irritating body, running into the common chemical changes and decompositions of animal and vegetable matter subjected to a warm temperature, as fermentation, the extrication of gases, &c. The product of such changes acting on the extremely delicate and irritable surface of the stomach, could hardly fail of destroying its integrity of function. The effects of food left undigested in the stomach of the individual who was the subject of Dr. Beaumont's experiments, were speedily marked and of a most decided character. Though in this, as in all other cases, too decided generalization should be guarded against from a single case, we may yet observe that facts deduced from his experiments on St. Martin prove as much as single facts ever can do, as that individual's health, strength, exercise, habits, &c. were much like those of the average of our population.

"After excessive eating or drinking, chymification is retarded, and although the appetite be not always impaired at first, the fluids become acrid and sharp, excoriating the edges of the aperture [i. e. the accidental opening through the parietes of the stomach]; and almost invariably produce aphthous patches and the other indications of a diseased state of the internal membrane, mentioned above. Vitiated bile is also found in the stomach under these circumstances, and flocculi of mucus are much more abundant than in health."*

The first experiment performed on St. Martin (Op. Cit. p. 126), abundantly confirms the opinion that undigested portions of food in the stomach, produce all the phenomena of fever. A piece of raw, unmasticated beef, remaining of a considerable quantity of aliment which was duly assimilated, occasioned considerable distress, uneasiness, and finally pain in the stomach, general debility and lassitude, pain in the head, costiveness, depressed pulse, dry skin, coated tongue, and numerous white spots or pustules resembling coagulated lymph, spread over the inner surface of the stomach, and requiring the exhibition of medicine to relieve these symptoms.

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* Experiments, page 108.

The restorative powers of the constitution will not always resist the inroads of this enemy, excessive eating, but must ultimately succumb either by yielding up the stomach to dyspeptic disease, or by transferring the influence of morbid irritations to other organs. The first inquiries, in understanding the full meaning and force of any dissuasions from the use of too much aliment, would seem to be, what is excessive eating? what is too much food? when and how shall it be determined that enough has been taken for all the necessities of the constitution, and not too much? All will agree upon the evil effects of gluttony and excess. The scholar might trace through the records of general and medical literature, and never cease to find maxims and essays against too much eating. Yet the standard of temperance in this indulgence remains still an uncertain, indefinite point.

Some writers on dietetics, looking upon it as a vain endeavor to establish any rule, by which the just measure of food can be determined by any internal sensations, would reduce the stomach of all individuals to a Procrustean measure, and decide upon the quantity by scales and weights, pints and pounds. Others, again, as Fordyce, Fothergill, Paris, Phillip, &c. believe that a kind of internal monitor exists, viz. the first feeling of satiety, whose warnings, if duly observed, are enough to govern the individual safely.

The attempt to regulate food by weight and measure we look upon as the height of absurdity, at least for the healthy laboring man. The wants of the human constitution vary in every individual, no doubt, as much proportionably, as the stature, the pulse, the quantity of air respired, &c. Besides this original constitutional difference, the circumstances of habits, exercise, climate, &c. must give rise to no inconsiderable diversity.

The great indication which we believe is to be aimed at, by those who would pursue the happy mean between asceticism and gluttony, who would enjoy "the hidden essence of epicurism," was discovered a century since by Dr. George Cheyne.* It is this:—"A constant endeavor after the lightest and least of meat and drink a man can be tolerably easy under, is the shortest and most infallible means to preserve health, life, and serenity." The criterion before referred to, that of watching the point of satiety, as it has been called, at which enough food has been taken, is, we believe, of value, but subject to qualifications of several kinds. 1. It will not apply to the case of dyspeptics;—in them the feeling of hunger is often morbid. The appetite exists far beyond the power of digestion. 2. It is deceptive when a variety of alimentary substances are presented to the appetite, or the stomach is pampered and stimulated by condiments, over-refined cookery, &c. Independent of that natural hunger which produces a craving for food, a sensation of appetite depends on that association of ideas which connects the satisfying the desire with pleasurable sensations; hence when the point of satiety is reached as to one variety of food, the desire of taking more is reproduced on a new and palatable kind being presented, and this perhaps for a third or even a fourth time.

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* On Diet and Regimen.

3. It does not hold true in cases where mastication and deglutition are performed too rapidly. The proper object of eating is to convey to the stomach just food enough to neutralize the gastric juice which may be formed. If the food is thrown into the stomach hastily, this point is overreached, and consequently a quantity of undigested aliment is left in the organ.[*] It will not apply to the sedentary, in whom the equilibrium of the constitutional powers cannot be maintained, if the sanguiferous system is overburdened, as must occur from full feeding, without exercise. We consider that the laboring man is best consulting his health and strength of body, when he takes for his guide in his aliment this general rule:—to use an admixture of both animal and vegetable food, but of no great variety of either;—to eat slowly, both with a view to proper mastication and to prevent excess; and lastly to finish his meal on the first sensation of having taken enough. We give in the language of Dr. Beaumont what meets our ideas, in regard to this long sought point of satiety. "There seems to be a sense of perfect intelligence conveyed from the stomach to the encephalic centre, which in health invariably dictates what quantity of aliment (responding to the sense of hunger and its due satisfaction), is naturally required for the purposes of life, and which if noticed and properly attended to, would prove the most salutary monitor of health, and effectually preventive of and restorative from disease. It is not the sense of *satiety*, for this is beyond the point of *healthful* indulgence, and is nature's earliest indication of an *abuse* and *overburthen* of

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[*] While we thus add our mite of opinion to corroborate the common view, that dyspeptic derangements have a fertile source in the abuses to which the stomach is subjected, we would enter our positive dissent against this being considered their only considerable cause. There are other abuses of organs connected with or influencing those of digestion, which deserve to come in for a full share of that blame which has been too indiscriminately cast upon the latter. We have been struck with the force and general truth of some views on this subject, published in a little work, by Dr. Brigham, of Hartford, "On the Influence of Mental Cultivation on Health." He perhaps falls into the common error of exclusiveness, which seems the almost universal propensity of medical philosophers. They, knowing no mean, run from Scylla to Charybdis; in establishing their own views, they seem determined, with a few exceptions, to acknowledge "no divided empire."

——Sunt certi, denique, fines
Quod ultra, citra que, nequit consisten rectum.

"Dyspepsia," he remarks (p. 103), "is generally considered a disease of the stomach. But I apprehend that in a majority of cases, especially among students, it is primarily a disease of the brain and nervous system, and is perpetuated by mental excitement."

"*Good living* is said to cause dyspepsia; but the most healthy people I have ever known have been among those who lived well, who eat freely several times a day of the most nutritious food. By some it is said that tobacco, snuff. tea, coffee. butter and even *bread* cause this complaint; but whoever will make inquiries on this subject throughout the community, will find that this is seldom true. In fact, dyspepsia prevails, according to my experience, altogether the most, amongst the very temperate and careful as regards what they eat and drink and the labor they put upon the stomach, but exceedingly careless how much labor they put upon that delicate organ, the brain."

"Finally, if dyspepsia is a disease of the stomach, why is it not more frequently cured by attention to diet, than it is? I know that by this method some are relieved, and I also know that those disposed to dyspeptic disease, will not be able to continue their severe studies, if they are not careful as respects diet. For if the vital energy is all directed to the brain and consumed by the act of thought, the stomach will not be able to digest much food."

her powers to replenish the system. It occurs immediately previous to this, and may be known by the pleasurable sensation of *perfect satisfaction, ease and quiescence of body and mind.* It is when the stomach says *enough*, and is distinguished from satiety by the difference of the sensations—the former feeling *enough*—the latter, *too much.*"*

Distinctly connected with this point of dietetics, is the consideration of the next great error in the mode of life of our people, which is too slight mastication and too hasty deglutition.

The process of mastication has the double and important offices of comminuting or dividing the aliment, and mixing it with the secretions of the salivary glands. Both of these processes have been dwelt upon by authors, as of high moment in the digestion of food, especially the last mentioned. By some it has been considered that the admixture of the saliva is a vital process in digestion. Dr. Paris† speaks of the food being intimately mixed and combined during mastication "with a chemical solvent, which prepares it for the process it has shortly to undergo in the stomach." And again, "the introduction of saliva into the stomach is obviously essential to a healthy digestion." "Insalivation, therefore, is as essential as mastication."

A late American writer‡ considers this, if possible, of still higher moment; the saliva being, if we can get at the true intent of his language (which strikingly requires a translation into the vernacular), the principal agent in effecting the process of digestion. "There is every probability," he remarks, "that no other gastric juice really exists, than the salivary fluids, mixed with mucus, follicular secretions and the exhaled or perspired fluids of the gastric mucous membrane." His ideas, however, seem to be merely the modified views of the French physiologists Magendie and Montégre on this topic.

On the other hand, many writers consider the secretion and admixture of the saliva as performing a very slight and unimportant rôle in the function of digestion. Fordyce and others view it as a mere simple fluid, destitute of all chemical or otherwise energetic properties, designed to lubricate the membrane of the mouth, pharynx and œsophagus, and thus facilitate the act of swallowing.

Dr. Beaumont in his work takes the same view of insalivation, regarding it only important as a preliminary to digestion.

However this may be, and we are inclined to think that the principal object of the saliva is to lubricate the mass of food for deglutition, and to allow the tongue and muscles of the mouth to fit it into a bolus on which the process of comminution can better be effected, we have no doubt that the process of mastication is of vastly higher importance than it is *practically* judged to be. We are inclined to this opinion, which is common to most writers on digestion and dyspepsia, from various considerations; from the fact that most dyspeptics whom we have known, have been conscious of having suffered from this, either through habit or from imperfection of the teeth;—that every individual of observation must have noticed the disturbance of the digestive process after a hurried meal; and lastly, the experiments on St. Martin have the greatest interest, in demonstrating the necessity of perfect comminution. The reader is referred to the 1st and 34th Experiments of Dr. Beaumont's work, which seem abundantly to prove that food introduced into the stomach in an undivided state, is acted upon by the gastric juice only on the surface, becoming converted into chyme so slowly that it acts like an irritating foreign body in the stomach. The analogy before alluded to, between the gastric fluid and a chemical solvent, seems still more exemplified in this process. The finer the comminution, or the smaller the particles into which the food is divided, the larger surface will be presented to be acted upon, and the sooner the union or solution will be effected.

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* Experiments, p. 64. † Treatise on Diet, &c. p. 36, et seq. ‡ Dr. S. Jackson, Op. Citato.

Beside the importance of slow and perfect mastication of the aliment as regards its comminution and admixture with the saliva, another decided benefit results from it in the comparatively little danger of eating to excess. Every one must, or may be conscious of this in his personal experience; the rationale may not be quite so obvious. If, as seems probable, no gastric juice exists in the stomach in its empty or unirritated state, and this fluid is poured in to meet and as it were neutralize the aliment, perhaps it may be that this exact point of neutralization or combination is thus met by slow additions, whilst it would be exceeded by hasty supplies.

The difference between the inhabitants of this country and Europeans as to this item of domestic habits, has perhaps been more generally remarked upon by the traveller, than almost any other characteristic of private manners. The laborer of France, or Switzerland, or Italy for example, passes an hour over his dinner of bread and grapes and weak wine, interspersing his meagre repast with light and cheerful conversation, procrastinating the enjoyments of his humble and often inadequately satisfying meal to the utmost extent possible. The Yankee citizen, on the other hand, whatever his rank or employment, encounters his dinner as he would any other necessary work which had to be acomplished. He seats himself with a sober and determined resolution, as it were to a task, to which all his faculties are to be applied till it is completed, which probably occupies less time than the mere preparation of a salad would do the southern European. The comminution of the food will of course be dependent on its mode of preparation and the integrity of the dental organs. And as it is a fact which no foreigner fails to notice, that no people are so unfortunate as to the possession of good teeth, as the Americans, we feel that this point of perfect mastication should be especially urged in a treatise addressed to the New Englander. In respect to the extent of this evil and its presumed causes, we may again quote from the work of M. Volney.

" Travellers are equally agreed on the frequency of defluxions on the gums, rottenness of the teeth and the premature loss of these valuable instruments of mastication. Of a hundred persons under thirty, it may be affirmed you will not find ten entirely unaffected in this respect. It is particularly lamentable to observe almost generally that handsome young women, from the age of fifteen to twenty, have their teeth disfigured with black spots, and frequently a great part of them gone. Opinions differ, even among medical men, respecting the cause of a complaint so universal: some will have it to be the use of salt meat, which is in fact universal and habitual;—others say it is to be ascribed to the use of tea and the abuse of sweet things. Dr. Kalm, the Swedish physician, by comparing the regimens of various nations and different classes of society, appears to me to have demonstrated that tea does not injure the teeth, as a saccharine liquor, or as an infusion of an acrid plant, but as a *too hot* drink; and indeed it is known of old by experience, that every kind of liquor too hot, even hot soup, occasions a painful sensibility of the teeth, which manifests itself if they subsequently come in contact with anything cold. This is no doubt the reason why bad teeth are an universal complaint throughout the north of Europe, for in all cold countries, hot liquors impart an agreeable sensation to the palate, the stomach and the whole frame; while, on the contrary, cold drinks impart an agreeable sensation in hot countries, and it is remarkable that in these the teeth are very generally sound and white, as we see among the Negroes, Arabs, Hindoos, &c. A fact observed within these twenty years, in the United States, tends to corroborate this theory. Previous to that time, a savage with a bad state of teeth was never seen, and the food of the savages is commonly cold. A few individuals, particularly women, of the tribe of Oneidas, Senecas and Tuscaroras, who live within the precincts of the United States, having adopted the use of tea, their teeth, in less than three years, became, like those of the whites, disfigured with black spots and rottenness. Another fact, mentioned by the circumnavigator Bonzainville, is perfectly analogous to this. He says that the wretched icthyophagi of Terra del Fuego, the Pesharays, have all bad teeth, and he adds that they live almost entirely on shell fish, not raw, but roasted and eaten *burning hot.*"

[To be continued.]

ATONIC APOPLEXY.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I take the liberty to offer a few remarks on the case reported in the 10th number of the present volume of your Journal, entitled "Rupture, convulsions and death." Perhaps the true chracter of that case cannot be better illustrated than by reference to one, apparently analogous, which was subjected to autopsia.

On the 7th of July, 1834, I was summoned by order of the Coroner for the District of Montreal, to be present at an inquest to be held on the body of a Mrs. —— Place, of Bolton, who died suddenly in the eighth month of utero-gestation, and was interred about the middle of the preceding January. Suspicion of poison, at first slight and unfounded, had obtained so general credence as to demand legal investigation. Having previously given an opinion that decomposition had not gone so far as to render an investigation impracticable, I proceeded to an examination of the body, assisted by Drs. Foord and Barnard. The following is the result, as reported in one of our Colonial papers.

"There was a considerable degree of putrefaction about the face—the brain much softened from this cause, but entire in form—the membranes but little affected. On the left side of the brain, in the middle lobe, immediately under the dura mater, was found a considerable quantity of effused blood, which was but little changed in its appearance. That portion of the dura mater in contact with it, presented distinct traces of inflammation; a portion of it was dissected out and washed, when marks of much vascular engorgement were very evident; it was compared with several other portions which were taken out and washed, but in none of which was there any appearance of inflammation—their texture was but little affected. There was also ecchymosis in that part exterior to the cranium, which corresponded to the effused blood. The integuments of the viscera of the abdomen were entire, and but little changed in appearance; the stomach was healthy, no traces of inflammation or disease were apparent; the mucous surface was a little softened by decomposition. The contents were taken out of the stomach, which was thoroughly washed, and the whole put into a glass bottle and carefully sealed, in order that it might be preserved to be tested with chemical reagents if necessary."

The jury then proceeded to examine the medical men further in relation to the case. "Dr. Foord stated that he was called to the deceased in her last sickness, but only arrived about five minutes after her death. He questioned the attendants about her symptoms, who stated that she had complained of nausea and pain at the stomach, and pain in the head—that she had a succession of fits (convulsions) with increasing stupor, coma and stertorous breathing, till her death—that she had taken nothing but some infusion of thoroughwort, and similar herbs—that he pronounced the case apoplexy at the time, and the appearance on dissection confirmed that opinion. His account of her last sickness was corroborated by the evidence of the nurse." It was further stated by the nurse and friends that she had for some time been subject to severe attacks of pain at the stomach and head, for which she had not been subjected to any medical treatment—that she had usually enjoyed good health, and had been the mother of several children.

"Dr. Colby stated that he considered the effusion of blood on the brain to indicate apoplexy—that from the account of the symptoms, he should suppose it to be what is termed nervous apoplexy, in which there is often a succession of fits (convulsions)—that there was nothing in the appearance of the stomach that presented any marks of poisoning, and that the symptoms as mentioned by Dr. Foord did not resemble in any wise those that were consequent upon poisoning with either vegetable or mineral substances."

"Dr. Barnard stated that he considered the cause of her death to be the effusion of blood on the brain—that an effusion to that extent would cause death in a short time. He did not think it could be from any poison taken into the stomach, on account of the absence of all those signs that usually attended death from poisoning; such as redness, inflammation, corrosion, separation of the coats of the stomach, dark livid spots and sphacelus—that the state of the deceased (being far advanced in pregnancy) would tend to bring on effusions of the brain, if she was constitutionally predisposed to them. The testimony being so strong in support of the fact that the deceased came to her death by the dispensation of Providence, from natural causes—and there being nothing brought forward that tended in the least degree to criminate any person—the jury were unanimous in their opinion, and brought in a corresponding verdict."

The analogy between the above case and that of Mrs. B—— of Wrentham, will readily be recognized—they were both, evidently, cases of atonic or nervous apoplexy. Dr. Good has discarded Stertor as an essential diagnostic symptom of apoplexy, although he considers it invariably present in the entonic variety. The breathing in atonic apoplexy is laborious, but not in every case stertorous. The diagnostic marks of this variety, according to Dr. Good, are a "feeble pulse and pale countenance." A "feeble pulse" ought not to be considered any more an essential diagnostic of this variety than stertor. The strength and the frequency of the pulse depend on the state of the general system, as well as on the degree of cerebral pressure. Two cases can scarcely be supposed to occur without presenting varieties in the pulse and respiration—hence the variations in the pulse, as well as in the breathing, can in no wise alter the essential character of the complaint. The prominent and essential characteristic difference in the two varieties should at all times be kept in view. The entonic variety is the result of "plethora, corpulency, grossness of habit, shortness of the neck," and we may add of universal vascular oppression. The atonic variety, on the contrary, is more the "result of vascular debility than of vascular surcharge," or rather it is more immediately dependent on a morbidly irritable state of the general system. Its exciting cause is local irritation in the extreme parts of the system, producing sudden and violent excitation of the arterial system, with an afflux of blood "to the head beyond what the vascular walls are capable of sustaining." A highly susceptible state of the nervous system, together with a disposition to cerebral congestion, are prerequisite to the occurrence of this form of apoplexy. This pathological predisposition may exist in an apparently good state of health, as well as in a state of extreme exhaustion from previous disease. During an attack this increase of susceptibility manifests itself in an irregular excitation of the motory power, and spasm may therefore be as essentially diagnostic of this variety of apoplexy as stertor is of the entonic. In the case of Mrs. B——, of Wrentham, the full, hard pulse, and the discharge of blood from the mouth and nose (probably from the surcharged vessels of the posterior nares), indicated an approximation to entonic apoplexy, while the paleness of the countenance, the spasms and the general convulsions, with the peculiar circumstances of the patient, sufficiently stamp its character.

Stanstead, L. C. Nov. 18, 1835. M. F. Colby.

IMPERFORATION OF THE RECTUM.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I have translated the following article from the Révue Medicale. If you should consider it worth inserting in your useful Journal, it is at your service. Benj. B. Appleton, Jr.

Boston, December, 1835.

M. Forget relates that having been called lately to a child affected with Imperforation of the Rectum, he, as well as the family physician, found this intestine obliterated about the distance of ten lines (an inch) from the anal orifice. The obstacle offered itself to the finger under the form of a *resisting cul-de-sac, gathered at its farther extremity, as if in consequence of a ligature*, or an interruption of the intestine. The cries of the child, and the pressure of the abdomen, did not give to the finger *any sensation of fluctuation.*

M. Forget considered it as a serious case; but as, notwithstanding the tension of the abdomen, nausea, &c. the state of the child was not immediately alarming, he advised the parents to carry him to M. Roux, who would decide upon the kind of operation necessary to be performed, not wishing himself to make immediately a puncture through an obstacle, of which nothing indicated the limits. The parents, frightened at the idea of an operation, were unwilling to show the child to any one, even to the family physician, who wished to observe the state of the obstacle. About ten days after, another physician having requested to see the child, discovered in the anus a *fluctuating tumor*, which he opened with a lancet and thus saved the child.

This case is remarkable, first, as it shows that a child can live from ten to twelve days with an obstruction on the rectum. Secondly, that we should not decide, at first sight, on the nature of an obstacle; an operation often being practicable in the progress of a disease, which in its commencement would be pronounced rash.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 9, 1835.

DENTAL CHARGES.

A GENTLEMAN inquired of us, the other day, whether there would be any serious objection to publishing in this Journal a candidly written protest against the present Boston tariff of dental charges, which he considers enormously high. For example, the simple operation of filling a tooth costs three dollars; and for the insertion of a tooth, the price, though not perhaps always in proportion to the ability of an individual's means, really makes a frightful inroad upon a pocket-book. On revolving the subject over in our minds, we came to a hasty conclusion that there were reasonable grounds for complaint. After-reflection, however, has entirely changed our first impressions, and we hereby confess ourselves the staunch and uncompromising advocates for the present charges. It is the only possible way in which the surgeon-dentist can be professionally sustained in any well-regulated community; and instead, therefore, of diminishing the fees of the Boston, New York and Philadelphia operative dentists, we would lend a helping hand to maintain them. If the public would be well and faithfully served by dentists of education and scientific attainments, that public is under obligation to contribute towards their support and their respectability,—for their usefulness, and indeed influence, will always depend upon the kind of patronage they receive.

We are most heartily sick of all sorts of quackery, which unfortunately abounds as much under the imposing title of *surgeon-dentist*, as under that of any other liberal profession in the land. They prowl over the country like beasts of prey in search of victims, practising impositions of the grossest kind, for which they are paid vastly more liberally than our resident city dentists, who are trained by the study of anatomy to a perfect knowledge of the structure of the parts involved in their operations, and skilful in all the manual performances in which the use of an instrument is ever necessary.

It is said that the dentists live in a style of affluence beyond their deserts, and that they actually accumulate property both faster and easier than the physicians. The latter, it is thought, are obliged to be the humble servants of the poorest claimants upon their services, night and day, whether compensated for their labors or not ;—whereas the dentists have an apt eye to their customers, never looking into the regions of their vocation without being certain of a fee. Admitting this heinous charge to be absolutely true, we are delighted with the intelligence that they have discovered any mode of getting all they earn. Far from being envious of their success in this particular, we hope it will continue—humbly imploring their sympathies for ourselves of the losing fraternity. They are compelled to inhale breaths infinitely more fetid than the mephitic exhalations of the Pontine marshes, certainly unpleasant and assuredly destructive to health. But no further vindication of their rights and privileges is demanded at our hands. They have our cordial good wishes, being fully persuaded that they receive no more for their services than is required to meet the expenses of living in proper situations, to accommodate the wishes of all good citizens. Taking it all in all, they are not paid any more generously than the professions of law, physic or divinity. Our motto is—*Live and let live.*—Still, the prospective communication alluded to in the commencement of these remarks would be cheerfully inserted, because the source from whence it would emanate forbids the idea of anything personal or abusive :—it would aim to be a candid discussion of the principles upon which dental charges are predicated.

AUSCULTATION OF THE BLADDER.

The fact is well known that dreadful mistakes have been made by surgeons of renown, owing to a misconception of the true character of a disease, for which the proposed remedy was an operation. Dupuytren once cut a patient for stone, and ascertained, at a moment too late, that there was none in the bladder. Any other man might have been Lynched by an enraged multitude, under similar circumstances. However, he was always fortunate in sustaining himself against every opposition, as well as against the troubles that sometimes grow out of mere carelessness, by the transcendant force of an indomitable spirit. Recently, it has been pretty well ascertained that the actual condition of the bladder may be detected by the stethoscope, which will prove of immense consequence, particularly after lithotripsy, when bits and fragments of stone may sometimes be left, though the surgeon may suppose that the whole have been removed. There is no reason why this use of the stethoscope should not become an important auxiliary in forming a decision, involving, perhaps, the future comfort, health, and longevity of a patient. It would be gratifying to hear that practitioners are turning their attention to this subject, and acquiring a tact in discriminating the condition of the organ in all the gradations of calculi, from the simple depositions of concrete particles, to the perfect stone.

INFLUENCES OF RELIGION ON HEALTH.

In giving the first notice of Dr. Brigham's essay, with the above title, some weeks since, it was proposed to make a further examination of its merits as a medical book, aside from its radicalism and decidedly pernicious tendency, carrying as it does both spleen and spite in a gauze wrapper of infidel philosophy. A re-examination, with reference to this object, has been completed, and we are reluctantly constrained to say, that, to our individual apprehension, the volume has not a single redeeming quality on the score of its medical character. We certainly feel no personal hostility towards the author, as a man or a physician ; on the contrary, we freely acknowledge that he possesses qualifications for instructing and benefiting mankind, and increasing the amount of human happiness ;—but when he perverts the faculties his Creator has blessed him with, and opens the vials of his wrath against the character and objects of institutions which christianity has made sacred, he cannot escape the severe censures of those who reverence the laws of God. Whoever encourages the bad propensities of our nature, by representing the sacred ordinances of religion, as practised by any denomination of christians, to be absurd, ridiculous, and below the dignity of rational, intelligent beings, deserves the pointed rebuke of the whole community. The philosophy of medicine requires no intermeddling with the laws of the church—no interference with the department of practical theology, nor should it presume to contradict what it was never designed to embrace or to understand. Finally, having expressed, in the most unreserved manner, our opinion that the aforesaid essay is neither new nor useful—that it exhibits neither wisdom nor discreetness, originality or genius, its repose in the accumulating dust of future time will not in all probability be again disturbed by the searching operations of the Boston Medical and Surgical Journal.

Diseases of the Chest.—A new work was to appear in Philadelphia, last week, on the Diagnosis of the Diseases of the Chest, based upon the comparison of the Physical and General Signs. By W. W. Gerhard, M.D. physician to the Blackley Hospital—lecturer in the Philadelphia Medical Association, &c. &c. A few copies sent to this market, not forgetting the one due this office, would doubtless oblige the profession at the North.

Bell's Anatomy.—A new edition of this very excellent work, by Charles and John Bell, has just appeared in England, revised by Sir Charles. It should be immediately put to press in this country.

Madame Boivin.—This lady is well known to all medical gentlemen who have visited Paris within the last dozen years. To perpetuate her fame, she has written a valuable practical treatise on the diseases of the uterus and its appendages—which has been translated into English, and half spoiled by the translator's notes, as most similar works are by this bulk-increasing process. She was the successor as a public teacher to Madame La Chapelle, very eminent in her day. What would be thought of it here, were an accomplished lady to be giving daily lectures on midwifery in a medical college, surrounded by a bevy of medical students? No wonder she always had the largest class of any savan in the metropolis.

A valuable Translation.—Anatomical, Pathological and Therapeutic Researches upon the disease known under the names of Gastro Enterite, Putrid Adynamic Ataxic, Typhoid Fever, &c. &c.; compared with the most common acute diseases. By Charles A. Louis, Doctor of Medicine of the Faculty of Paris, &c. &c. "Je sais que la verité est dans les cheres, et non dans mon esprit qui les juge, et que moins que je mets du mien dans les jugemens que j'en porte, plus je sûr d'approcher dela renté.—*Emile.*" Translated by Henry J. Bowditch, M.D. Member of the Massachusetts Medical Society, and of the Society for Medical Observation at Paris. The above work will be on sale very soon at the principal bookstores of Boston and other cities.

University of Pennsylvania.—Dr. Hugh L. Hodge was recently elected professor of Midwifery and of the Diseases of Women and Children, in the University of Pennsylvania, in place of Dr. Dewees, who resigned on account of ill health.

To Correspondents.—H.'s remarks came too late for this week.

Died—In Washington, N. C. Jonathan Otis Freeman, M.D. aged 64, a native of Massachusetts.—At Princeton, N. J. on the 1st inst., Dr. Samuel L. Howell, one of the professors of the college in that place.—At Norwich, Ct. Dr. Dwight Ripley, aged 71 years.—At Baltimore, Dr. Samuel R. Lawyer, aged 39.

Whole number of deaths in Boston for the week ending Dec. 5, 43. Males, 17—Females, 26.

Of measles, 14—nervous headache, 1—scarlet fever, 2—inflammation on the lungs, 1—hooping cough, 3—consumption, 2—croup, 3—infantile, 2—burn, 1—canker, 1—lung fever, 3—intemperance, 1—typhous fever, 2—scald, 1—inflammation of the bowels, 1—old age, 1—throat distemper, 1—teething, 1.

ADVERTISEMENTS.

A STAND FOR A PHYSICIAN.

A physician in the State of Maine, in a pleasantly situated, small, flourishing village, about 25 miles from Portland, wishes to dispose of his stand. Being a very eligible stand, and affording abundant practice, it offers a good opportunity for a physician to establish himself. For further particulars, apply to the Editor of the Journal; if by mail, post-paid. Sept 23—3m

VACCINE VIRUS.

Physicians in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar.* Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

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THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XIII.] Wednesday, December 16, 1835. [NO. 19.

THE RESPIRATORY APPARATUS IN OLD PERSONS.

Thorax.—The thorax in aged females presents two states, very different from one another, which deserve to be examined.

The first is a case of exception, and found in aged females who conserve a considerable share of the freshness of youth; the mammæ are voluminous and still consistent; the whole thorax is covered with a layer of fat; the muscles are well-colored, and the costal cartilages retain their suppleness. However, the ensemble of the thorax has undergone a peculiar change belonging to old age; the superior part is flattened laterally in such a way that the antero-posterior diameter is considerably increased at the expense of the transverse one. This change is commonly accompanied by a gradual enlargement of the thorax towards the inferior part, which then represents a pyramid with a large base, whose apex has been somewhat shortened.

The second type is much more frequent. Here the cavity of the thorax is remarkably modified, and the lateral flattening above noticed may be carried to an extreme degree; in some cases it produces an angular form of the thorax, exactly like that seen in rachitic persons. This disposition of the chest is important to study, for it brings with it several changes in the relation and conformation of the subjacent viscera, which have not as yet been noticed by writers. Thus the liver is considerably pushed down from its natural position, and frequently bears the marks of pressure exercised on it by a narrowing of the inferior portion of the thorax, in females who have worn stays. In these cases also, the right lung is elongated, and follows the displacement of the liver into the abdominal cavity. The sternum is, as we mentioned, always carried forwards, but the xyphoid cartilage is pushed backwards, and even sometimes completely concealed behind the cartilages of the last true ribs. The longitudinal diameter of the thorax also undergoes a remarkable change in old persons. This circumstance has been noticed by all writers. Sometimes the intervertebral cartilages disappear completely. Fischer relates one case of a man aged 100, in whom nine vertebræ were reduced to one solid piece, and Boerhaave met a similar alteration affecting the whole spine.

The vertebral column however is not only shortened, but becomes flexed forwards, and that often in a permanent manner. In consequence of the weakness of the dorsal muscles, the pressure is most felt anteriorly, and here the bodies of the vertebræ are most intimately united. This inflexion usually occupies the last cervical and first dorsal vertebræ, and is often carried to an extreme degree; in some of the old women at

Salpetriere it is so marked, that the posterior surface of the scapula becomes superior, and the cervical region makes nearly a right angle with the dorsal. The changes just pointed out in the external form of the thorax, must necessarily occasion corresponding alterations in the viscera contained within its cavity, or connected with it. The diaphragm is thrown into folds, which in some cases leave their mark on the liver, and this viscus is pushed down into the cavity of the abdomen several inches below its natural level; the tissue of the ribs themselves is much rarefied, but (contrary to the assertion of authors) in a very few cases only do we find an osseous incrustation of the cartilage of the ribs. The costo-vertebral cartilages generally conserve their mobility to the most advanced period of life.

Lungs.—Before we pass to the pathological examination of an organ, we should possess correct notions of its structure at the period to which our examination is limited, for the former cannot fail to receive special characters from the latter. Hence it is of great importance to study the structure and peculiarities of the pulmonary tissue in old persons. With respect to their external configuration and appearance, the lungs of old persons may be ranged under three classes.

In the first, the lungs preserve nearly their normal aspect, and differ very little from those of the adult; however, in all cases where the chest presented a lateral flattening to any considerable degree, the authors found a peculiar disposition of the interlobular fissure. This becomes vertical, in such a way that the two lobes of the left lung are opposed to each other, one directly forwards, the other backwards; while in the right lung, the middle lobe, directed downwards, is surmounted by the inferior lobe, which in some cases even constitutes the posterior quarter, or those of the summit of the organ. Hence a pneumony of the summit may occupy the inferior lobe, as we shall presently have occasion to see.

In the second class, the peculiarity consists in the smallness of the lungs. The organ is light, and little susceptible of being inflated by the greatest force. They are constantly bathed in the cavity of the chest by a limpid serosity; when compressed, their crepitation is more diffuse than in the lung of the adult.

In the third class the lungs present a mass unequally thrown up into eminences, and are bathed in a much greater quantity of fluid; they are flaccid, livid, and have altogether lost their conical form. The division of the lobes is not less remarkable; the latter are merely united by a flat, thin pedicle, which leaves them as it were floating in the thorax; they are extremely light, and give a most peculiar sensation to the touch; the heart is smaller, and often in a state of complete anemia; the thorax is excessively emaciated.

Intimate Structure.—M. Magendie, who has made some interesting researches on the structure of the lungs in old people, lays it down as a fundamental rule, that the air-cells are increased in magnitude, giving rise to a considerable diminution of their specific gravity. However, the exaggeration of the cellular structure is only perfectly seen in those persons who present the traces of old age in a very high degree. The lungs of aged persons were examined by our authors nearly in the same manner as by M. Magendie, but they had no recourse to insufflation.

They arrange the lungs, considered as to structure, under the three classes above enumerated, viz.

1st. Case. "Lungs voluminous, filling a thorax well developed, and whose soft parts are still free from emaciation, or even fat." A thin cut of this lung dried, gives a number of holes perfectly round, crowded together like the meshes of lace, and presenting a diameter of about a quarter of a line. The cells are here perfectly regular, and everywhere independent.

2d Class. "Lungs of regular form, but small, bathed in serosity; thorax contracted; soft parts emaciated." A thin cut of this lung dried, shows a texture somewhat similar, but differing in many respects. The cells are no longer round but *elliptical*, and the vascular apparatus is less numerous; the cells, however, are still limited by a regular circumference, and are independent.

3rd Class. "Irregular form of lung, which is withered-looking, and applied to the vertebral column; the thorax is contracted, and reduced to an extreme degree of emaciation." Here the pulmonary vesicles do not present any distinct form; the parenchyma is converted into a sort of spongy mass; the microscope distinguishes a few vascular branches, and there is no trace of the lobular sub-division. This latter condition of the lung, which is always found in persons presenting the characters of old age in a well-marked form, is a species of natural emphysema which is well worthy of attention, but it is necessary not to confound it with morbid lesions, properly so called.

If we compare the relative sizes of the pulmonary cellules in the infant, the adult, and the aged person, we shall find a remarkable progression as we approach senility. This has been proved by the author, in frequent experiments. Thus the dried cells of the infant lung are only a twelfth of a line in diameter; those of the adult about one-eighth or one-sixth; finally, the diameter of the air-cell in the aged, presents a diameter of one-fourth of a line. Hence the law first pointed out by M. Magendie, that the pulmonary tissue becomes rarefied directly in proportion to age.—*Researches at Salpetriere, by MM. Howmann and Decambre.*

CASE OF TUMOR IN THE CHEST.

BY LEWIS A. HALL, M.D. OF NEWARK, NEW JERSEY.

May 12th, 1827, I was called to see Clinus Freeman, aged 40 years; by occupation an oysterman. He had been ill for many weeks, and on examination the following symptoms were manifest—emaciation, extreme pain on pressure in the region of the diaphragm—great debility, prostration, and difficult respiration. Tongue red at the edges, moist, with its papillæ erect in the centre. No pain in the head, but at times complains of dizziness, with cramps in the arms, feet and legs; pulse 120, full and quick, but in ten or fifteen minutes, intermitting, slow, and weak, becoming in a few minutes again full, with a flush on the cheek, and when the face was flushed the breathing was most difficult. When the pulse was weakest, the greater was the pain in the region of the diaphragm. Bilious and dark-colored discharges from the bowels, which we learned from the attending physicians were alternately constipated and relaxed through the whole of his illness.

He was ordered sal. soda and senna in sufficient quantity to move his bowels; after which let him take 1 grain of sulphate of quinine every hour, in a spoonful of wine whey, and give him brandy toddy, warm, for his drink. Cathartics operated well; but he gradually sunk, and died at 2 o'clock in the morning of Monday, the 13th. On the 14th, 30 hours after death, I was called on to examine the body *post-mortem*, in presence of Drs. Andrews and Son, Freeman and Skilman, when the following were the appearances presented. On raising the sternum, we found it adhering firmly to the mediastinum by a preternatural enlargement, so as to require the use of the scalpel, to detach it its whole length. At the superior extremity of the sternum, the tumor was small, compared with its magnitude at its termination—for as we approached the pericardium, the morbid appearances increased; the morbid mass was of a pyramidal shape, with its base resting on the pericardium, and its top running a small space above the superior portion of the sternum. The superior and anterior portion of the pericardium, and the inferior portion or base of the tumor, were so firmly attached, that it was not possible to detach them only by dissection. The tumor was, from its anterior to its posterior surface, two inches in thickness, at its base gradually tapering to its top, and from one lateral extremity to the other, between four and five inches, and running to its superior termination tapering, giving the mass a sort of cuneiform shape. When detached it weighed three pounds (avoirdupois). It was of a pale red color generally, with interstices of a pale yellow, occasionally slightly vascular, heavier than water, and resembled in its general appearance the glands of the mammæ; the left lobe of the lungs adhered extensively to the tumor, at its posterior and superior portion, and at the inferior extremity of the right and middle lobes they were both found strongly adhering to the tumor immediately above the right superior portion of the pericardium. The right lobe was also adhering to the pleura at the second rib near its centre, extending round from thence to the spinal column; in other respects the lungs were sound and manifested a healthy appearance. In the cavity of the thorax were effused seven pints of serous fluid, slightly tinged with blood; the pericardium contained a small quantity of effused fluid, not exceeding two ounces. The heart at its superior extremity was slightly inflamed; pleura costalis sound; diaphragm inflamed slightly; stomach and intestines were healthy, and no symptom of inflammation was discovered in either. Spleen, paler than usual; the vessels of the pancreas engorged with grumous blood; liver slightly enlarged; the gall-bladder flaccid and empty; the renal glands, ureters, urinary cyst, manifested no diseased appearance; the encephalon with its contents was not examined.

This case excited much speculation during its continuance; the uncommon and sudden transition of arterial excitement produced much speculation among the practitioners of the neighborhood. At one time, the truly protean symptoms demanded the most vigorous treatment, whilst the next moment would probably forbid their administration. The diagnosis and prognosis were formed from the effects of previous treatment, as well as from the existing symptoms, which were that the patient labored under some mal-conformation of the heart, or of the great vessels immediately in its vicinity, and dissection has shown how far this opinion was correct.—*U. S. Med. and Surg. Journ.*

EMMENAGOGUE PROPERTIES OF ACONITUM.

In a paper by M. West of Strasbourg, in the August Number of the *Archives Generales de Medecine*, he states that aconitum is one of those remedies which after having been praised beyond all measure, like many other new remedies, is now completely neglected in France. In Germany a few physicians still employ it in some cases, particularly in phthisis and rheumatismal affections. The author, while attending the clinique of the School of Medicine at Vienna, has seen a great number of experiments with this remedy. In phthisis its action never appeared very advantageous, but always inferior to that of the other narcotic substances. Its utility in cases of rheumatism seems more doubtful. However, amongst other patients at the school of Vienna, the author observed two females on whom the action of aconitum was very remarkable. One was a stout female, 27 years of age, affected with articular rheumatism of the left arm: her menses had been suppressed for three months in consequence of exposure to cold. Aconitum joined to antimony was administered for the rheumatic affection. The latter persisted without any change, but the menstrual discharge was quickly restored.

The second case was that of a female, 32 years of age, equally affected with rheumatism, whose catamenia had not appeared for five months; she took aconitum; the pains diminished slightly, and the menstruation was restored. These cases roused the author's attention, and induced him to make further experiments. He details three examples of successful application of the remedy to amenorrhœa. In the first, the disease had been established for twenty-two months: the patient was bled, and took the watery extract of aconitum for eight days previous to the supposed menstrual period. On the fifth day the pupils appeared dilated, with other slight indisposition: on the eighth day the menses reappeared, and have continued regular since that period.

In the second case, that of a weakly girl, the menses had been suppressed four and a half years, and replaced by a leucorrhœal discharge, more abundant at each period. The patient took thirty grains of the extract in twelve days, for suppression of the leucorrhœa, accompanied by pain and weight in the summit of the vagina: on the tenth day the pain had much diminished, and the white discharge had returned.

In the third case, the girl, 19 years of age, began to menstruate at the age of 16; after the lapse of a year the discharge was suddenly arrested in consequence of exposure to cold. After five months the patient experienced severe pain in the head and abdomen. These soon changed into true hysteria, the access of which came on at each menstrual period, and was excited by any moral emotion. The patient was seen a year after the suppression of her catamenia, and then exhibited the symptoms of chlorosis in the highest degree. She was ordered general and local baths, with thirty pills of the extract, to be taken eight days before the expected period. After the use of twenty grains the catamenia appeared, and were succeeded by a very fetid white discharge; from this moment the access of hysteria disappeared, and the patient gradually recovered her health.

From these facts and several others noticed by the German writers, the author thinks the efficacy of aconitum in cases of amenorrhœa cannot be doubted; as to its mode of action, the author thinks it may determine the reappearance of the menses, not by any specific property (for there does not exist any absolute emmenagogue), but by calming an irritation of the uterus, by which the vessels furnishing the menstrual flux are prevented from performing their ordinary function.—*Lancet.*

DR. BELL'S PRIZE DISSERTATION ON DIET.

[Concluded from page 286.]

The last considerable error in food which we shall mention, is too great a variety of alimentary substances taken into the stomach at the same time. The practice of the New England laborer is, however, less blameworthy than that of the *soi-disant* higher classes, in this particular; in general, there is here a commendable simplicity of diet and an unsophisticated mode of cooking. Although an occasional change of substances seems essential to the health of the human subject, as was observed when considering the experiments of Magendie, the mixture of various kinds of food, of different degrees of digestibility, in the stomach, is an error upon which all judicious dietetic writers accord, and all individual experience corroborates. The experiments on St. Martin offer, as it were, ocular demonstration that a number of articles of different kinds are digested much less speedily, and no doubt with much greater expenditure of the vital energies, than either of them separately. Apart from the direct agency thus produced in debilitating the stomach (which may be perhaps explained on the supposition that the gastric fluid exerts a kind of elective action upon those parts of the alimentary mass which are most comminuted or most easily combined with, leaving the others untouched to act as foreign bodies upon the delicate tissues of the organ), the inducement to overload the digestive apparatus is thus augmented.

The next subject which presents itself in considering the errors of diet, after those of food, are those of drink. Of these, one presents itself so prominently, and of consequence so vastly superior to all others of food and drink collectively, that a volume might be employed in discussing it. We need hardly mention that we refer to the use of stimulating drinks, the evils and injurious effects of which upon the physical system have been so amply developed, within a few years, and pressed upon public consideration with so much earnestness, talent, learning and effect, that the subject is well nigh exhausted, as it is well understood by all who are not wilfully blind to the truth. We shall dismiss the subject by observing that the effects on bodily health, from the use of alcoholic drinks, including under this term all those capable of producing undue stimulation, whether spirituous or distilled, and fermented, are, 1. To urge on the powers of life beyond their normal or healthy action; to drive on, as it were, the machinery of the animal system, whilst it is already going with rapidity enough; to expend, or rather to squander the excitability of the constitution, and consequently to leave the individual the sooner without the principle of life. 2. To act directly on the delicate textures of the stomach by their acrid and narcotic properties, disturbing the healthful functions, and, on continued repetition, the organic structures of that viscus.

The abuse of hot drinks is deserving of some attention. Amidst all the diversity and contrariety of opinion, upon the various topics of dietetics, on no point does a greater discrepancy obtain, than in regard to the use of tea and coffee, two articles of universal consumption in New England. One party have considered them as drugs of decided and injurious properties, exciting, as such, a narcotic, stimulating, and indirectly debilitating influence on the stomach and on the nervous and circulatory systems. Others, again, have regarded them as possessed of too slight medicinal properties to be worth regarding in our regimen. In this controversy, as in most others relative to subjects so little susceptible of anything like demonstrative evidence as that of dietetics, the truth no doubt lies in the middle. That they are not so deleterious as some imagine, the general good health of our and other communities in which they are so abundantly used, presents the highest evidence the point is capable of, that of experience;—on the other hand, there would seem to be presumption sufficient that they sometimes produce injury, in the instances which every medical man must have met with of a train of anomalous nervous symptoms ceasing upon these beverages being relinquished, as well as the effects which every observing individual must be conscious of, from undue indulgence in too large and too strong potations of them.

One view of this subject has, in the opinion of the writer, been too generally overlooked; a view which he believes to be pathologically the most important of any in connection with this topic. This is the indirect influence of these drinks, in their customary large quantities, throwing aside any specific produce, upon the cutaneous and pulmonary exhalants. The great proportion, the overwhelming majority, of the diseases of our climate, are those arising from obstructed perspiration, colds, catarrhal affections, &c.;—these form the first link in the chain of morbid actions of our most common and most fatal affections, phthisis, bronchitis, &c. The peculiar vacillating, changeable character of our climate, the immense and sudden variations of temperature, no doubt are decided agents in their causation. But are not the constitutions of New Englanders kept in an especial state of predisposition and liability to such affections by the over-action to which the most exterior of his secretory organs, the skin and lungs, are subjected, through the influence of too much nourishing and stimulating food, the surplus of which is thus to be disposed of, and by the quantities of warm drinks which are thus more speedily and more directly to be got out of the circulatory organs? The experiments of all physiologists have accorded in the fact that liquids are removed from the stomach almost immediately, even when its pyloric orifice has been closed by ligature;—so speedily, as long since to have formed the suggestion that some more direct rout must exist from the stomach to the urinary organs, than by fluids being absorbed into the sanguineous mass and separated by glandular excretion.

A portion of these unnecessary fluids is separated by the kidneys;—a portion, and that, under favorable circumstances, as external warmth, &c. no inconsiderable one, is habitually excerned by the cutaneous and pulmonary emunctories; enough, surely, to render their office too important to health to bear being checked without injury.

We believe that this is the rationale of the injury done to the health from the employment of tea and coffee, rather than their usually alleged narcotic, or debilitating, or over-diluent properties. We well know that the great outlet of human life amongst us, is from pulmonary diseases; if, then, there seems a strong probability that this is one even of the minor auxiliary causes of such diseases, it requires little argument to convince the candid mind of the expediency of a general reduction, a total abandonment of a custom which is universally allowed to be unnecessary to health, and assuredly of as little gratification to appetite as any practice which affords pleasure enough to become confirmed habit.

The considerations in relation to the effect of hot drinks in destroying the teeth, before adduced, form another dissuasion from their use.

The times of taking food, is a subject of really more importance than at first glance it might be deemed to be. Experience demonstrates that the perfection of the process of digestion will depend not only on the quantity and kind of aliment taken, but on the frequency of the repetitions in taking it, and upon its being preceded or followed by exercise or rest, and even on the hours of the day, independent of these circumstances.

The food is not duly disposed of when the stomach is kept in a state of repletion. Dr. Paris lays down the following corollary in relation to this subject; "that the several processes by which aliment is converted into blood cannot be simultaneously performed, without such an increased expenditure of vital energy as weak persons cannot without inconvenience sustain; thus chylification would appear to require the quiescence of the stomach, and sanguification to be still more incompatible with the act of chymification."*

It is certain that a healthful appetite does not recur until the portion of food last taken is not only removed from the stomach, but the ulterior processes of assimilation completed; therefore the too frequent taking of food must prevent the return of that appetite, a certain degree of which is a most wholesome, perhaps an essential stimulus to digestion. In illustration of this principle of the connection between appetite and digestion, every practitioner must have observed that the indulgence of a patient in sickness in some kind of aliment for which a strong propensity is manifested, however improper it might *a priori* be deemed, is rarely attended with ill effects.

There is in many of the animal functions a natural periodicity of action, as in sleep and waking, some secretions and excretions, which undoubtedly exists as to hunger and thirst and the digestive function. The observation of different nations shows that comparatively slight deviations exist as to their customs in the number of times of taking food per diem. The necessities of certain savage tribes occasionally compel them to abstain from food a number of days in succession, and then without injury they are known to devour as much as would have been taken through the time of fasting; and again, the pampered and luxurious high livers may inflict upon their stomachs, to their ultimate utter ruin, four or five meals daily. These are the extremes. The bulk of men, in all ages and all countries, have found the taking of food twice or three times per diem the most expedient system. We have no disposition to combat the conclusion which experience, the last and best argument in medicine, seems thus to have set down.

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* Paris on Diet, p. 54.

History, indeed, shows us instances of nations whose customs were in this respect those of monophagism, or eating only once in the day. Cyrus, according to Zenophon, eat only once in the twenty-four hours, and established this habit amongst the Persians. The ancient Greeks, also, followed this custom. Plato regarded eating more than once a day as very injurious to health of body and serenity of mind. "*Vidi menstrum in naturâ*," says he, "*hominem bis saturatum in die.*"*

In New England, it is hardly necessary to observe, the general habit is, and always has been, the taking of food three times daily; and as to the period of taking the principal meal, their practice, at least among the laboring classes, has agreed in that hour, meridian, which most writers, European and domestic, have considered as the most appropriate and advantageous. There seems to be no doubt, whatever may be the reason, that the functions of the stomach are much more energetic during the early part of the day, than towards evening. Dr. Knox,† of Edinburgh, cites, in corroboration of this fact, the opinions of those whose profession it is to train men to the performance of great feats of muscular strength, which, when they speak the truth, is of much more consequence than that of any medical man." Experience has taught them that during *training*, the object of which is to enable the human frame to acquire the utmost degree of vigor consistent with health, the evening is not the proper time for the digestion of food.

The rule which universal experience, and the general testimony of writers (for it would be hopeless to expect any universal accordance of opinion on any subject relating to diet, amongst them), establishes, is, that whilst the system is in a state of fatigue, the functions of the stomach are not duly performed. Towards night, the laboring man, especially with the habits of activity and industry so general in New England, will feel a degree of bodily exhaustion which extends through the digestive organs, as well as the rest of the machine, and which will therefore not be restored and recruited by the ingestion of much or nourishing food. Sleep is the natural and appropriate mean of reaccumulating, so to speak, that amount of vital energy which is requisite to carry on the movements of the animal machinery. The custom in New England was, formerly, as has been before observed, for the laboring man to take a moderate meal only towards evening, and that without animal food. This still prevails in a good degree, though it has become a custom worthy of being reformed, to use more meat, hot tea, &c. at this meal, than is expedient.

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* The reader who is interested in the historical research of this subject, is referred to the article *Repas*, in the Dict. des Sciences Medicales.

† See his observations on the diurnal revolutions of the pulse, republished in the N. E. Journal of Med. and Surg. Vol. V. p. 51 et seq.

In a treatise on diet adapted to the sedentary, the luxurious and the valetudinarian, the subject of exercise would form a principal and most important topic of consideration. In the healthy life of the laborer in New England, there seems to be no occasion to urge anything respecting this upon him. On the one hand, the habits of industry, here universally inculcated from childhood by parental precept and example, thus made universal custom, and the honest stimulus of expected independence, form the surest safeguard against his suffering from want of exercise; whilst, on the other, no fear of want, either for himself or those depending on him for support, need drive him to that over-exertion which might produce, as we know it does in Europe, disease, premature old age, and death.

In the works on dietetics, a vast amount has been written upon the relative healthfulness or injurious qualities of the various articles of the materia alimentaria, or substances employed for food. Indeed the whole burden of a majority of our books is upon this point, and it would be a subject of amusing investigation to examine the discrepancies of the various writers, as to the character of almost every article of food. In looking at their dogmatic and positive recommendations and denunciations to the dyspeptic and the invalid, the shrewd remark of Van Swieten* occurs as appropriate:—"Nullum alimentum universali titulo salubre dici protest, et qui rogat quodnam est salubre alimentum, idem facit ac si querent quisnam sit ventus secundus, non cognito itinere."

To the healthy, the vigorous and the robust, such as we know is the New England laborer, the attempt to specify certain articles of food as wholesome or the reverse, would be still more idle and absurd. Keeping in view, what we have given as in our view the grand standing rule of diet, that of limiting the quantity of food to the least that will keep up the forces of the system (which, there is no doubt, is much below what is now usually consumed), we might modify the text of the apostle, and well apply it to those who are the subject of our essay—to the healthy, all things are healthy.

Having thus reviewed what seem to us the principal errors which need correcting in the food of the New England laborer, it seems but reasonable that some explanation should be attempted of the fact, which has been before stated, that he is now pre-eminent in health and bodily capability. This, it is believed, is ascribable:

1. To his always having an abundant supply of nourishing and wholesome food.
2. To the simplicity of cookery customary with him.
3. To his industrious habits of labor, which prevent the effects of

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* In Aphorism Boerhaave, tom. 1, p. 68.

over-feeding from being so manifest or injurious as they would be under other circumstances, and as they are to all other classes—as, for example, the professional and mercantile, who feed like the laborer, but do not take his active exercise.

4. To his intellectual and moral habits being such as to stimulate him to, and sustain him under active and constant labor, and to keep up a tone of cheerfulness and constant prospect of improvement in his comforts and situation; a state which is wonderfully adapted to keep up a healthful condition of the digestive function, which is so eminently connected with the disposition and temper of mind, both as a cause and consequence, in their mutual integrity and derangements.

In closing this part of our subject, we would urge upon the intelligent, well-informed and independent working man, that the golden rule which will best secure him bodily health and strength, as well as mental serenity, as far as this is dependent on physical agents, is that of *strict temperance;* that is, a moderate use of things pleasant and useful to his body, and a total abandonment of such as experience has proved to be unnecessary and noxious.

Conclusions.

1. A diet of *both* animal and vegetable food is adapted to the condition of the New England laborer.

2. No grand errors exist in his present system of diet, and no radical change is demanded to ensure a greater amount of health and strength, though many minor, but still important, errors exist.

3. The proportion of animal food usually customary is too great, and a considerable reduction would be expedient and advantageous, though it is impracticable to make a precise statement of the extent to which this is required, which must depend upon circumstances, as amount of labor performed, climate, season, bodily constitution, habits of life, &c. A general statement of this fact can alone be made.

4. The amount of food in general, customarily used, is more than is necessary for the maximum of health and strength, though a more specific statement of this abuse is also impossible. It must be left for each individual to attempt to reduce his quantity of food to that point at which he finds his mental and bodily powers most energetic. In searching for this point the New Englander may be almost certain that he must look for it in a descending ratio.

5. The great principle in regulating diet is to regard quantity rather than kind.

6. Perfect mastication and slow deglutition are important auxiliaries to the proper digestion of food.

7. A great variety of alimentary substances taken into the stomach at once, are calculated to do injury on several accounts.

8. The employment of alcoholic stimulants, and hot aqueous drinks, is deleterious to the functions of the stomach and to the general health.

9. The times of taking food, the state of the mental and moral functions, the quantity and times of exercise, &c. are all subjects of importance in the general subject of dietetics;—in these particulars, the habits of the New England laborer do not vary much from a healthful standard.

DISEASES OF LIBERIA.

The following observations on the characteristic diseases of that particular section of the continent of Africa to which the American Colonization Society have looked with the warmest feelings of benevolence, have been extracted from letters directed to Dr. Sewall, of the city of Washington, and given to the Journal through the politeness of Dr. Benjamin F. Wing, of this city.

Enclosed I send you some account of the medical condition of Monrovia, as given in letters from physicians residing in that place, hoping that they may be of interest to your readers. The writers, on their way to the colony, perused such works as they could obtain upon tropical diseases, and thus were enabled to enter their field of action prepared for what they had to encounter. Drs. Skinner and McDowell each pay their tribute to the value of Johnson's work on Tropical Diseases. They esteem his descriptions faithful and his treatment rational.

Dr. Skinner says—"The fever varies in its violence from the highest grade of yellow fever to that of tertian intermittent. In many instances it is accompanied with local determination to the brain and other organs. In puerperal women, there is frequently violent peritoneal inflammation. Generally the state of the pulse and condition of the skin determine the course of treatment. But in cases where local diseases predominate, great dependence cannot be placed upon the pulse, and the local symptoms must guide the practitioner. Copious bleeding, with large doses of calomel (20 grs.), repeated two or three times a day, if occasion requires, has generally changed the character of the fever to that of intermittent, when it is found necessary to adopt the usual treatment with quinine, &c.

"On examining the bodies after death, some presented decided marks of inflammation of the brain and its coverings. In one case, on opening the head, the vessels were seen extremely loaded; the dura and pia mater highly inflamed, firm adhesions between them over the middle and anterior lobes, for the space of three or four inches in diameter; spots of coagulable lymph found in various other parts. The substance of the brain was hardened, and numerous red spots appeared immediately following the knife.

"In the bodies that died of dysentery, and dropsy, subsequent to an attack of fever, organic derangement of the liver or spleen has universally manifested itself. In some cases the liver has been dark colored, enlarged, and presenting strongly the appearance of a coagulum of blood. The spleen becomes greatly enlarged, softened, and sometimes presenting very numerous maturated points. It is believed the organic changes are produced by the fever, and that the dysentery and dropsy are the consequence of these visceral obstructions.

"Ulcerations of the lower extremities is a very common disease among the lower classes. There is scarce a house but has more or less of these cases. They are generally the product of accident and subsequent neglect. In their commencement, they easily yield to proper care and suitable treatment. But in some neglected cases, the ulcerative process goes on with rapidity, rendering the bones carious, exposing the muscles, and producing sloughing of the tendons."

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 16, 1835.

BECK'S MEDICAL JURISPRUDENCE.*

A FIFTH edition of this excellent and voluminous treatise on Medical Jurisprudence, has been published within a few weeks, in two large octavo volumes, of nearly 700 pages each—a copy of which has been politely forwarded to this office by the authors. The typographical execution does credit to the Albany press, the letter being plain and distinct, and the paper of a quality that ought always to be used in works of such importance.

The authors have been so long and favorably known as elaborate writers on forensic medicine, through previous editions, both in Europe and America, that any encomiums from this source would be of little avail in extending their reputation. It is a happy circumstance that the popularity of their first essay has enabled them to pursue the subject in detail, with unabated zeal—and successive editions are the evidence of their industry and discrimination in making constant additions, from year to year, of new and curious matter, illustrative of the principles upon which this interesting department of medical science is founded.

Medical jurisprudence is essentially a digest of facts, as they have been recorded by physicians and surgeons, in relation to the causes of death, and made use of in courts of law for the conviction or exculpation of criminals. A system of medical jurisprudence, therefore, to subserve the purposes for which it was intended, should abound with striking cases, collected from authentic sources, because every line may be appealed to as precedents, under circumstances of extreme perplexity and excitement, which, where the evidence is only circumstantial, might influence a jury to condemn an innocent man accused of crime, or liberate a monster whose unrestrained existence should be regarded as a public calamity. Such, consequently, is the progressive nature of this particular study, that every rising sun brings with it new, if not marvellous developments in the annals of crime, to be added to the catalogue of all preceding events of a similar character. The best book of reference, therefore, must be the one abounding in the greatest number of well-digested, systematically-arranged facts, as they have been brought to light through the agency of the law of the land, which recognizes no distinctions between the rich and the poor, the learned and the unlearned, when arraigned before its tribunal. There is a completeness, in this respect, in the volumes before us, that cannot fail of securing the approbation of the lawyer as well as the physician. In addition to a very elaborate synopsis of foreign trials, in which medical testimony had an influence upon the decision of the courts, there has been added a succinct account of all those in the United States, down almost to the day on which these books were placed on sale. Thus it is not unsafe to assume that they contain the spirit of all that has been gathered by their predecessors in the same line of inquiry, enriched by a vast amount of original matter, and arranged in a manner that will meet the entire satisfaction of the two professions most interested in the great field which these labors embrace.

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* Elements of Medical Jurisprudence. By T. Romeyn Beck, M.D. and John B. Beck, M.D. Fifth Edition, in two volumes. Albany, 1835.

By these commendatory expressions, we would by no means be thought to undervalue other publications upon the same subject. The two latest known to us here, are rather epitomes than full and perfect systems. One of them, intended to be a compendium, is by our friend Dr. Williams, who, were he inclined to bestow the time and attention requisite, is fully competent to the production of a volume that would transmit his name with honor to posterity. He has long been accumulating materials, and it is even possible that he may now be pursuing this, his favorite study, with reference to that object. The other, by Mr. Chitty, though of transatlantic origin, is nevertheless a meritorious performance, and appreciated as such by the learned.

Beck's Medical Jurisprudence is truly a national work, deserving a place in every law library of the land. To the medical profession we recommend it as eminently deserving their especial patronage and encouragement.

HOUSE OF INDUSTRY HOSPITAL AT SOUTH BOSTON.

The following is an extract from the quarterly return of the physician of this institution, to the Board of Directors.

There were 84 patients who entered the Hospital at the House of Industry from the 1st of July to the 1st of October, with the following diseases.

Diseases.	No.	Diseases.	No.
Ascites	1	Infantile remittent	1
Hæmoptysis	2	Inflamed joint	2
Fracture of femur	1	Insanity	2
Jaundice	3	Rheumatism	3
Paralysis	4	Fever	5
Aneurism of aorta	1	Scrofula	2
Bronchitis	3	Caries of spine	1
Dysentery	3	Menorrhagia	1
Attempted suicide, in which the trachea was opened	1	Fracture of the radius	1
		Erysipelas	1
Hepatitis	1	Delirium tremens	3
Diarrhœa	7	Conjunctivitis	2
Syphilis	3	Iritis	1
Pneumonia	3	Worms	1
Hysteria	1	Ecthyma	1
Cholera morbus	3	Opacity of cornea	1
Phthisis	8	Phymosis	1
Marasmus	1	Concussion of brain	1
Gonorrhœa	1		—
Cholera infantum	7	Total	84

This number does not include those who were not subjects for the Hospitals. For example, in the Asylum there were during this quarter between 20 and 30 cases of cynanche parotidea, and there are not a few of the adult inmates who have varicose ulcers of the legs, or some other malady which does not confine them to the house, but which requires the occasional attention of the physician.[*]

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[*] The greatest benefit in the treatment of ulcers, was derived from an ointment made of lard and prepared chalk, equal parts. This was spread upon linen, applied over the ulcer, and the limb well bandaged This plaister was allowed to remain for several days. The patients derived so much benefit from this treatment, that they were not willing to try anything but the chalk ointment.

One fact in regard to the patients is worthy of notice. Every adult patient that has entered the hospital has been in the habit of using ardent spirit to excess—either immediately before or at some time previous to entering the house. In fact, it is this habit of intemperance, and the exposure to which it necessarily subjects them, that is the exciting cause of almost every disease that has come under treatment.

The sick have been uniformly treated with kindness by those who have charge of the house, and every disposition is manifested to render them comfortable.

Smallpox.—On Friday evening, a case was discovered in Warren St. in the person of a woman, who had just arrived from Bremen. It is more than two months since a single instance of the existence of this disease has been found in the city—which is quite a remarkable circumstance. The vigilance of the health police forbids the idea of its ever extending in Boston, beyond the walls of the house in which the patient has lodged.

Mass. General Hospital.—On Saturday last there were two operations. The first was an extirpation of a diseased eye—and the second, an amputation of the right leg, about midway between the knee and hip joint, in consequence of a disease of the spongy texture of the bone.

"*Indictment and Trial of Sir Richard Rum.*"—An amusing little tract has been sent to us with the above title, published by John Ford. It has been read with great pleasure. It does good, once in a while, to have our risibles stirred, considering the gravity with which the subject has been generally discussed. We think there are a great many important truths contained in the above little tract, and we feel it always our duty to take a passing notice of whatever may promote a cause so nearly allied to Medicine, as is the Temperance Reformation.

Mass. Med. Society.—A correspondent under the signature of "H." informs us, in reference to our suggestion a fortnight since that the business journal of the State Society should be published, that this has been done for some years past. We beg leave to ask how long after the meeting of the society the record is ordinarily published.

N. American Archives.—The Baltimore Medical Journal, which has been published for the last year under the title of the "N. American Archives of Medical and Surgical Science," is discontinued. It has been ably conducted by Professor Geddings, and deserved a better fate. This is no less than the fifth medical periodical in this country, within the last three years, which has come to a premature end.

Medical Indifference.—A correspondent writes to us from a certain section of the south—"It is surprising that so few of the physicians in this part of the country read any medical journal. The majority of them, particularly of such as are a little advanced in life, are quite indifferent as to improvements in the profession." There are members of the profession in this section of the Union equally remiss. If ignorance were bliss, it would hardly be worth while to disturb them with the improvements and discoveries of modern times in the healing art.

Physic and Surgery in Egypt.—A short distance from Cairo, Ali Pacha has established a permanent military hospital, and placed it under the charge of European surgeons, and the same rules and regulations have been adopted that distinguish the very best hospitals in other countries. A medical school has also been organized, in which practical anatomy, botany, mineralogy and chemistry are regularly and systematically taught by well qualified instructers. Certainly the despot of Egypt is an extraordinary man.

Medical Bookstore.—Every stranger complains that medical books, late, new and rare, are not to be found in Boston. An exclusively medical bookstore is a desideratum in this great city. One properly managed, with a view to the accommodation of the profession in the town and country, would not suffer, eventually, for want of patronage.

Hanover Medical School.—A correspondent remarks that there has been some falling off as it regards the number of students, the present term. Perhaps the painted bones are no longer a novelty.

Died—At Rutherford, N. C. Dr. Charles L. H. Schieffelin, aged 35, formerly of New York.—In Jacksonville, Florida, Charles Hoyt, M.D. 30, son of the late Hon. Elihu Hoyt, of Deerfield, Mass.—In Hallowell, Me. Hon. Benj. Vaughan, M.D aged 81. In Newburyport, Dr. John Thurston, 47, late of the U. S. A.

Whole number of deaths in Boston for the week ending Dec. 12, 42. Males, 26—Females, 16.

Of measles, 7—bowel complaint, 1—infantile, 6—croup, 1—gravel, 1—dropsy on the brain, 2—consumption, 5—lung fever, 1—hooping cough, 3—dropsy, 1—worms, 1—fits, 2—suicide, 1—teething, 1—old age, 2—intemperance, 2—typhous fever, 2—scarlet fever, 1—mortification, 1—dysentery, 1. Stillborn, 3.

ADVERTISEMENTS.

MEDICAL TUITION.

The subscribers have recently made some additional arrangements for the instruction of medical students. A suitable room is provided, as heretofore, for the use of the pupils; the necessary books are supplied, and a systematic course of study is recommended. Personal instruction is given to each pupil in each of the several departments of medical knowledge. Every facility is provided for the cultivation of practical anatomy, which the present improved state of the law permits. This department will receive the constant attention of one of the subscribers, who will always give such aid and instruction as the pupils may need.

The pupils have free admission to the lectures on Anatomy, and on Surgery, in the Medical School of Harvard University, and to all the practice of the Massachusetts General Hospital; and generally they have opportunity to attend private surgical operations.

The terms are, 100 dollars per annum; to be paid in advance.

JOHN C. WARREN,
GEORGE HAYWARD,
ENOCH HALE,
J. M. WARREN.

Boston, October, 1835. Oct 28—6teop

MEDICAL SCHOOL OF MAINE.

The Medical Lectures at Bowdoin College will commence on *Monday*, the 22d day of February, 1836

Anatomy and Surgery, by Jedidiah Cobb, M.D.
Theory and Practice of Physic, by William Perry, M.D.
Obstetrics and Medical Jurisprudence, by James McKeen, M.D.
Chemistry and Materia Medica, by Parker Cleaveland, M.D.

The *Anatomical Cabinet* and the *Library* are annually increasing.

Every person, becoming a member of this Institution, is required *previously* to present *satisfactory* evidence that he possesses a good moral character.

The amount of fees for the Lectures is $50. The Lectures continue three months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September. N18—5teop

Brunswick, November, 1835. P. CLEAVELAND, *Secretary.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price $3,00 a year in advance, $3,50 after three months, and $4,00 if not paid within the year.—Every seventh copy, *gratis.*—Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XIII.] Wednesday, December 23, 1835. [NO. 20.

ON THE PRINCIPLES OF TREATING DISEASE.

FROM A LECTURE INTRODUCTORY TO A COURSE ON SURGERY AT THE ALDERSGATE SCHOOL OF MEDICINE, LONDON.

BY MR. SKEY.

A course of lectures on surgical science admits two very distinct objects of study: the first comprises the *principles* which guide us; the second, the application of those principles, known under the term of practice or treatment; and on these two subjects I beg to engage your attention for a few minutes. By principles, we understand general rules, which, although modified by circumstances, are applicable to all similar examples of disease. The principles which govern practice are based on a knowledge of the great functions of life, both physical and moral; namely, physiology; but surgery demands the knowledge of the anatomist, by which alone we can detect deviations from healthy structure, and without which we cannot advance one step towards their removal. In speaking then on the subject of the principles of surgical practice, I return to those of anatomy and physiology. The first tells us the situation, form, relation, and structure, of every part subject to disease. Physiology expounds their healthy functions, and their mutual dependence on each other: we must be conversant with both. With respect to anatomy, then, how can the man who is ignorant of the healthy appearance of the human eye, determine its diseased condition? How will he distinguish the extent to which that delicate membrane the iris deviates from health, who is ignorant of its healthy or normal appearance and character? How will he be enabled to pass a needle into the interior of the globe, for the purpose of displacing the opake crystalline lens, in cataract, if he be unacquainted with the size, form, and connection of that body? Look at the numerous forms of accidents attending joints, and say if it is possible that the man who is ignorant of their natural form, and the connection of their parts, can determine on the one hand, or attempt to remedy on the other, the accidental injury they have sustained.

There are, however, doubtless many surgical diseases, the treatment of which may be effected, without any immediate reference to the science of anatomy; but is there any that does not bear, more or less, immediately on that of pathology? Certainly none. Take the simplest form of surgical disease, an ulcer. By what means is its progress arrested? We know that in the condition of health, the arterial circulation of a part should remain steady and unexcited; its temperature cool and uniform. We find it hot, red, painful, and the vessels are unnaturally distended with blood; they relieve themselves by pouring out matter;

the skin bursts ; the unhealthy condition of the vessels remains ; the surface fails to heal, and an ulcer follows, for there is a variety of ways in which such a malady may arise. How shall we determine the treatment ? We observe the character, whether inflammatory or otherwise ; we reduce the undue action of the vessels by such remedies as experience has taught us are beneficial ; and, having accomplished this, we proceed to another stage of the treatment, which consists in urging nature to heal the wound. In the attempt to avert or cure disease, the importance of this branch of physiology is inestimable ; I would say it is the groundwork of all medicine,—in its most comprehensive sense, a knowledge of the principles of life.

Nature has endowed the organized world, both animal and vegetable, with a principle which cherishes growth and which presides over every action of which its organization is susceptible. The same spirit, jealous of defect, controls disease, repairs injury, and by its continued influence tends to maintain the outward physical form, as well as to repair the inward defect of function to which the frame is liable. It has been called the vis medicatrix naturæ. In the language of the Latin poet,—

> " Spiritus intus alit, totamque infusa per artus
> Mens agitat molem et magnose corpore miscet."

It consists in an evident and universally acknowledged effort on the part of nature, to ward off disease and to preserve life. " A spirit of health " predominating over the body, ever rejoicing in its salubrity, ever contending against injury. Need I illustrate it by examples ? They are endless in variety. Why does an abscess invariably advance towards the surface, but for the purpose of discharging its contents without injury to the body ? The liver would appear to possess discrimination in evacuating the contents of a similar disease through the abdominal parietes, in preference to the cavities of the abdomen and chest, to which it would have nearer access. In tubercular abscess, the large vessels of the lungs are, as it were, incrusted with lymph, lest their rupture should be fatal to life ; and this effort is especially beautiful, inasmuch as the disease itself is necessarily fatal in its termination. For here we see the contention most vividly between an irremediable disease and the unremitting effort of this " spirit of health."

In the disease of bones, how beautiful, how varied are the exertions of this protecting principle, in which a bone is destroyed by a wasting disease, arresting all chance or power of reparation,—during the process of destruction, a new pillar is in process of erection, by which the diseased fabric is fortified, and the limb restored to health and action ! Observe the structure of artificial joints, or those from which the cartilage is absorbed ; here we see the respective ends of the bone or bones, carefully rounded off and polished, to simulate as much as possible the original structure. The formation and increase of large aneurismal sacs ; their temporary protection from rupture by the dense layer of coagulum by which they are lined ; their evident desire (if I may so express it) for contraction and subsequent obliteration ;—the contraction of the divided ends of large arteries ;—the formation of accidental bursæ, for the protection of the subjacent bone, whenever the skin is subjected to continual pressure or friction; the almost dental hardness of the gum, consequent on the loss of teeth, and the approximation of the teeth on the loss of one or more;—the inflammatory and lymph-effusing condition of a wounded intestine, by which its injured surface becomes agglutinated to the parietes of the abdomen, or to another portion of intestine, thus closing the otherwise fatal aperture;—the really astonishing co-operation of this healing, this protecting influence, with the hands of surgeon, in transmitting the contents of the intestine, along a devious track, in artificial anus, from the upper to the lower opening, and the subsequent earnestness with which the margins of the bowel unite for the purpose of restoring the integrity of the canal. Observe the analogy in this respect of vegetable to animal life. Plants are provided with muscles, by which they open and shut their flowers, and turn their leaves to the sun, even if they have been repeatedly folded back from it; the turn of a hop plant is invariably directed towards the course of the sun, and it soon dies if artificially forced into an opposite line of growth; remove the obstacle, and the plant quickly returns to its former position. When the straight branches of the honeysuckle can no longer support themselves, they acquire strength by becoming spiral; when they meet with other branches of the same kind, they coalesce for mutual support, and one spiral turns to the right, the other to the left, thus increasing the probability of their finding support by the diversity of their course. If a plant be placed in a room which has no light, except from a hole in the wall, it will shoot towards the hole, pass through it into the open air, and then vegetate upwards in its natural direction. The shoots or tendrils of creeping plants are invariably directed towards the nearest object, to which they cling, and the direction of the tendrils may be repeatedly altered, by changing the position of the object attracting them. From these, and a variety of similar evidences of spontaneity, it has been inferred that vegetables have a limited degree of sensation and enjoyment, and that they have an inferior participation in the common allotments of vitality.

I might cite endless examples of Nature's anxiety to maintain health, by throwing off disease or obviating deformity. Now, where does this power reside? In what does it consist? The advance of time had made considerable encroachments on the eighteenth century, before the antiquated doctrines of the chemists and mathematicians succumbed to the more just and reasonable views of the *vitalists*. For this revolution we are greatly indebted to Stahl, who was forcibly impressed with the difference between the changes which the components of the body experience during life, and what would occur in the same substances under other circumstances; hence he concluded that when they form a part of a living system, they must be possessed of some additional principle, that counteracts the effects that would otherwise be produced. To the agent that thus opposes the physical powers of matter, and to which the body owes its vital properties, he gave the name of *anima*. He considered it to possess powers of a specific nature, and attributed to it a species of intelligence which enables it to act the part of a rational agent, and to superintend all our corporeal operations. Van Helmont applied to the same principle the term "Archeus."

But what are we to understand by these terms? The immediate nature of this principle, or the mode of its operation, we are totally ignorant of. It is sufficient for our present object that we acknowledge its existence, observe its influence, and obey its dictates.

I say emphatically, *obey its dictates.* We talk of many diseases in a tone of arrogant defiance of the very laws which direct our every step. Take a wound, for example. The utmost limit that the surgeon can advance to, is that of bringing the margins in close contact, and keeping its surface clean, and where he fails in this end, nature is compelled to come to our assistance, and heal by new substance what with a little extra aid she would have accomplished with much more ease and readiness. What is the extent of the boast here ? That of an humble and almost powerless assistant ; and thus it ever must be. We must ever continue humble followers in the path of nature, and dependent on her bounty.

The first part of my duty here, then, as your instructer, is, to disabuse your minds, by directing your attention to that influence and authority which you do *not possess.* Nature is imperative ; she is arbitrary ; her laws are immutable ; she will sustain no interference, and listen to no compromise. *This* I conceive to be the first and most paramount concession to her power, demanded of the practitioners of our art, that we enter on our task prepared to watch and to obey. Let us then study her peculiarities, and, as far as possible, imitate her example. It will thus be my wish to inculcate a simplicity of practice, in which consists the only true philosophy of the art of healing. We are the sappers and miners in the forces of nature. We attend her path with the view to remove obstructions—to cleanse impurities—and having accomplished this, to leave her unmolested and uncontrolled. If I dwell on this subject, it is because here I would place the gravamen of a charge against those members of our profession, who, wanting a firmness of reliance on the authority of nature, or patience in its application, intrude upon her path with an unseasonable and officious zeal, perverting her energies by the application of means subversive of her most obvious intentions.

To Mr. Abernethy, whom I am proud to have called my friend as well as my instructer, the profession owes a debt of gratitude for enforcing, both by his precept and by his example, the value of this all-important principle. " Subdue *local irritation*," says he, " and regulate the action of the digestive system, and you control all controllable disease." To him it appeared (how is it surprising that it should have done so ?) the philosopher's stone of medical practice ; and if I express my regret that his application of it should have been so universal, I am bound to declare that within the circle of my experience no man was so successful in the controlling of chronic disease as he.

I say again, study nature, assist and second her intentions, but do not attempt to lead her. The influence of remedies for the most part is but negative.

[To be continued.]

THE WORCESTER CONSULTATION CASE.

To the Editor of the Boston Medical and Surgical Journal.

Mr. Editor,—I notice in your Journal of November 4th, a communication under the caption of "Vexatious Consultations," inviting a discussion of "medical police in relation to consultations," and of the "etiquette in cases of consultations." I agree with the author that it is an important subject, and ought to be better understood. I should be much pleased to see the subject fairly treated in all its bearings, not only the duties and conduct of the *counsellor*, but of the *counselled*, showing how far the latter may be justified, after agreeing to a particular course of treatment in consultation, to modify or wholly to omit such course without trial; or in what cases it is proper for a physician, when requested by "his unsuspecting brother" to visit a patient for him during his temporary absence, to retain such patient after his return and contrary to his wishes; in short, a thorough exposition of all the rights of the parties in interest.

In regard to the particular case stated in the communication, I have no doubt I am the person alluded to; and thinking the most important facts therein related require the addition of an *errata*, shall endeavor to supply that part, to enable the public to draw correct conclusions from the case. I would premise, however, that if the gentleman had expressed any dissatisfaction to me, I believe I could have satisfied him that he had but very slight if any grounds of complaint. But as he has adopted a different course, and brought the subject before the public, I deem it a duty to myself, in the same public manner, to correct the misrepresentations contained in the communication.

In the first place, who was in fact the attending physician? The messenger called at my house, I being absent. He, on his return, saw Dr. Workman, and without any direction from the parents of the boy, called him in. The Doctor arrives, examines the case, but the father, according to the Doctor's own statement, requests that nothing be done until another physician be called, and immediately came again for me himself; but not having returned, and he being informed that I was momentarily expected, left word for me to come as soon as I did return, and went directly to the Hospital for the distinguished medical gentleman mentioned in the communication. I returned a moment after he had left my door, and went directly. On my arrival I found the boy sitting in a chair, and the Doctor supporting the arm. I examined it, and found a very severe contusion on the outer part of the shoulder. That portion of the deltoid muscle which came between the head of the humerus and the substance impinged against (whatever that might be), was completely mashed, and great ecchymosis was produced, attended with exquisite sensibility, and much swelling immediately about the wound. The arm was dressed, and I left the house, not expecting to see the patient again. I was followed to my carriage by the father of the lad, who requested me to take charge of the case, stating "that it was a mistake entirely in Dr. W.'s being called—that he did not intend he should have anything further to do with it, that he did not appear to understand the case." I replied that if that was the case, I would visit him in the morning, and requested him to inform the Doctor of the arrangement, as I was in too much haste to return again into the house. So much for the call ; and now a word on the subject of " ignorance concealed."

The Doctor has made a *slight* variation in his diagnosis in his communication, from the one delivered at the time of the accident. He then gave it as his opinion that it was the neck of the *scapula** that was fractured, instead of the *humerus* as mentioned in the communication ; and when the correctness of that opinion was questioned, and a suggestion that the coracoid process might be broken by the head of the humerus being driven violently against it, he mistakes the effort to ascertain that circumstance, for an effort at reducing it.

In the absence of all testimony in relation to the precise position in which the boy fell, we are obliged to infer from the little attending circumstances how that must be.

That the impinging surfaces came perpendicularly together, and not obliquely or with a glancing blow, we infer from the small circumscribed appearance of the wound, and completely broken down state of the deltoid muscle at the point of contact. And that the position of the body was very nearly on the side, with the hips and lower extremities a little more elevated than the head, we infer from the wound on the shoulder being a little behind the posterior or outer margin of the groove for the long tendon of the biceps, and likewise from various scratches on the side of the face and a considerable bruise on the upper part of the ear, all of which little circumstances I presume escaped the Doctor's notice.

The position in which the boy struck the ground being established, it follows that the line of direction of the fall would pass very nearly diagonally between the scapula and clavicle, a little nearer the former than the latter. I submit, therefore, whether there is any natural or physical impossibility in the supposition that the cartilage at the anterior margin of the glenoid cavity might be considerably injured, when the head of the humerus is thus driven violently against it. From the " jerking motion" felt by the Doctor, and likewise feeling the same myself, I have no doubt it was injured. But no crepitus like that produced by a fractured bone, could be detected by myself or either of the two other medical gentlemen present, which, I think, if it had been as distinct as we are led to suppose from the communication, would not have escaped the notice of all of us.† But how " the *outer* fragment of the bone " could be " displaced forward half an inch by the strong contraction of the pectoral muscle," or how " an occasional spasm of the pectoralis major " could " displace the *exterior* fragment *forward*," I must confess a little puzzles me. It is very unfortunate that the deranged perceptions of the gentleman's visual organs should convert the support given to the arm, to save the boy the suffering produced by its hanging down, into a " pertinacious hold " to prevent the other gentleman from examining the arm.

Perhaps the circumstances which occurred in the progress of the cure may throw some light on the nature of the injury. The fourth day the bandages were all removed, and gentle extensive motion given to the arm in every direction, without producing any pain. The color of the surface immediately around the wound was of a greenish yellow. The wound itself was about an inch in diameter, very soft, and, from the color, no doubt contained a quantity of effused blood. The inflammation, which never was but slight, gradually subsided, and in about twelve days the dressings were all removed, and he uses it nearly as well as the other, a slight weakness only complained of. There is now a small pit, where the skin adheres to the top of the humerus, at the large tubercle where the supra-spinatus muscle is inserted, which fixes the precise point of the injury with more precision than the terms "anterior exterior."

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* For the truth of this statement, I have the certificates of both the other medical gentlemen present.

† Perhaps when the Doctor becomes a little more familiar with the sensations produced in the examinations of fractured and injured limbs, he may be able to decide with more accuracy as to the kind of crepitation he may feel, whether it arises from a fracture of a bone, an injury of a cartilage, or the separation of an apophysis.

A word more, and I have done. It appears, by the Doctor's own showing, that he was not permitted to do anything for the boy without advice, which, to most physicians, would have been a diagnostic symptom that their services were not particularly acceptable, and would induce them to withdraw the first convenient opportunity, without waiting for more explicit information. Under all the circumstances, was the Doctor in such possession of the case as to entitle him to the appellation of "attending physician?" And does not *his* conduct savor a little of the "hyæna?"

BENJ. F. HEYWOOD.

Worcester, *Dec.* 12, 1835.

CLINICAL LECTURES OF M. LUGOL ON SCROFULOUS DISEASES.

DELIVERED AT THE HOSPITAL OF SAINT LOUIS. LECTURE I. INTRODUCTION.

TRANSLATED BY J. CHICKERING, M.D. BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

BEFORE entering on the subject of this course, it will be important for you, gentlemen, to bear in mind that observation is almost everything in medicine. Being myself impressed with this maxim, I determined to devote fifteen years exclusively to the observation of scrofulous diseases; and it is after having followed up this plan, that I am now able to command the materials for the present course.

There are affections which require the greatest attention, both on account of their frequency and of the various phenomena presented by them. To this class belong scrofulous diseases. The word scrofulous is derived from the Latin word *scrofa*, a sow. This name was adopted by the ancients, on account of the resemblance of the scrofulous tumors to those of swine. This disease has been called *the king's evil*, because patients were in the habit of seeking the royal touch, to which salutary effects were ascribed.

As to the nature of scrofula, it is unlike other affections; in all cases some cause acts on an organ, and soon produces functional disturbances, which transfer it to other parts.

In scrofulous patients, the cause acts but slowly, sometimes on the individual himself, sometimes only on the parents from whom they are descended. Thus, in the community, we find whole families whose constitution is so much impregnated with the scrofulous affection, that the slightest examination will detect it. A large head with a short neck, enlarged salivary glands, large blue eyes, covered with thick eyelids, a large uneven (écrasé) nose, a large mouth, large chapped lips, prominent (pommettes), bloated face, seeming at first view to be healthy, a delicate and white skin, light hair, &c. these are the first indications of scrofula, before organic and functional change in any part compels the patient to solicit aid.

In the scrofulous, the intellectual faculties are well developed : there is generally considerable muscular weakness ; fatigue is illy borne. The heart and lungs are generally small ; the circulation slow, and respiration feeble. As calorification is not active, the scrofulous always have cold extremities. Digestion is tardily performed, and the secretions are very abundant, especially from the cutaneous and mucous surfaces. In its second stage, scrofula is not limited to debilitating the constitution, but directs its action particularly to some primary system of the economy.

Observation leads us to regard the cellular tissue as the primary seat of morbid change in scrofula. In infancy it is the mesentery which first becomes the seat of secondary organic change. The glands become engorged ; the abdomen becomes hard and tense ; the child is emaciated by reason of the enlarged abdomen, and becomes bed-ridden (succombe victime du carreau). In a more advanced age, the ganglions of the neck denote the presence of scrofula ; numerous tumors, at first moveable under the skin, but soon adherent, point out the well known course of the ganglionic masses, and acquire such a volume as to make the neck a continuous plane with the face. The mucous system, soon after the lymphatic, becomes the seat of maladies from the same cause. The mucous membrane which lines the organs of the senses, is first affected with it. The conjunctiva of the eyelids is swollen, and appears œdematous. At the union of the mucous membrane of the nose with the skin, below the cartilage of the nose, above the swollen lip, we see at the same time a chronic inflammatory swelling ; and by this prominence, a peculiar expression is given to the face.

When scrofulous affections extend to the mucous textures, they soon invade the cutaneous system. On the head, for example, where the hairy scalp is close, and abounding with bloodvessels and nerves, the effects of scrofula are limited to small ulcers, and to numerous hairy follicles, whose albuminous and concrete suppuration forms those different scaly plates known under the name of *scurf.*

The bones are sometimes the first to exhibit traces of scrofula ; then there supervene deviations in the spinal column, and articular swellings which are called *white swellings.* When a scrofulous patient has arrived at the last period of growth, or puberty, it is the viscera which then become affected by this vicious diathesis. The uterus of a girl at puberty becomes affected with fluor albus, which at once destroys her plumpness and bloom. In the lungs, the liver, the spleen, and the intestinal follicles, a morbid production, variable in the form and volume, but constant in the composition, soon manifests itself ; it consists of small and generally round masses, which compress and waste their tissue. They are tubercles ; their presence constitutes those diseases which we call *phthisis;*

diseases the more grave, as they affect the most essential organs of life, and whose termination is most frequently the destruction of the organ and the loss of the patient. Such is the general course of scrofula. At the next meeting we shall speak of the causes of scrofulous affections.

December, 1835.

THE SCIENCE OF HUMAN LIFE.

EXTRACT FROM MR. GRAHAM'S INTRODUCTORY LECTURE.

[Communicated for the Boston Medical and Surgical Journal.]

We see that both the natural and acquired appetites, propensities and habits of man, and all the circumstances of life which act on his natural and moral susceptibilities, concur to divert his attention from the study of the science of human life, and fix it on present self-enjoyment, and on the pursuit of the means of supplying his natural and artificial wants. And hence, he is left to *feel* his way to, or gather from what he calls experience, most or all the conclusions which he embraces, in regard to the laws of life, health, and disease.

This source of knowledge is as utterly fallacious, as it is delusively specious; and the more deeply and extensively mankind are betrayed by it, the more totally blinded do they become to its treachery, and the more zealously and confidently do they contend for its validity.

Suppose a number of individuals were engaged in the study of mineralogy, and the following dialogue were to take place between them and their teacher. Advancing to one of them, with a specimen in his hand, the teacher inquires—"What do you call this ?" "It is granite, sir." "Granite ! are you confident ?" "Quite confident, sir, I am certain I cannot be mistaken." "But why do you think it is granite ?" "O, sir, I know it is—I know by my *experience*, sir, perfectly well. I have not lived so long in the world for nothing, I assure you. I have had a great deal of experience, and my experience has taught me, these twenty years, that it is granite, and nothing but granite ; therefore I know it is granite." Passing the same specimen to another individual, the teacher repeats the interrogation—"What do you call that ?" "Why, sir, that is limestone, to be sure." "Limestone ! are you not mistaken ?" "O, no, sir, I am perfectly certain it is limestone, sir—I feel that it is limestone, sir. I know it is. I know by my own feelings, sir,—and I am sure I know my own feelings better than anybody else does." "But the person who examined it before you," says the teacher, "asserted with equal confidence that it was granite, and declared that his experience, for twenty years, had proved it to be granite." "O, very well, sir, very well. That may be, too, and both be right." "How so ?" "Why, don't you know, sir, that what is granite to one man is limestone to another ? Surely, you know, sir, that all constitutions are not alike. There is a great difference in constitutions, sir ; and what is granite to one constitution may be limestone, or quartz, or felspar, or hornblende, or gypsum, or something else, to another constitution. That everybody knows, sir. At any rate, I know by my own feelings that this specimen is limestone to my constitution." "But may you not be mistaken in regard to your feelings?" inquires the teacher. "Mistaken, sir! How should I be mistaken? Who should know my feelings if I don't? I guess you won't convince me that I don't know my own feelings better than anybody else does—and I know I can't be deceived by my own feelings, sir—and my feelings tell me that to my constitution this is limestone."

Now, what would be thought of such a mode of studying mineralogy? or what attainments in the knowledge of the character and properties of minerals, could be expected from such a course? Yet, it is precisely the manner in which everybody reasons in regard to human life and health and disease, and general regimen. Every person knows from his own *feelings* and *experience*, precisely what kind of constitution he has—and what agrees and what disagrees with it; and everybody knows exactly what agrees and what disagrees with his own stomach; and is taught by his own experience what is best for his constitution and his health and strength and comfort. And surely, if a lady has the headache, she knows her own feelings better than anybody else does: and if she drinks a good strong cup of tea and the pain leaves her head, nobody ought to be guilty of so gross an insult to her understanding as to attempt to convince her that tea is a poison, and that her use of it is a principal cause of her headache; for she knows that she always feels better after drinking tea; and, from fifteen to twenty years experience, she knows that there is no better remedy for headache, than a good strong cup of tea: for she has been subject to the headache for nearly twenty years, and the frequency and violence of the turns have gradually increased upon her from the first, till she is now obliged to give up all business, or pleasures, and take to her bed for the whole day, whenever she has a turn, which is certainly as often as once a week, and sometimes more frequent: and she has always found that tea is "the sovereignest remedy in the world" for headache.

Who can reason against such facts as these? or have the temerity to advance a theory which contradicts the universal experience of mankind? We confess that the enterprise is an arduous and a daring one; and is cheered by no encouraging prospect, except the possibility that mankind can be undeceived in regard to the validity of their feelings and their experience, as rules of life.

We do not, however, wish to convince our fellow creatures that they have no *feelings*, nor that they do not know when, and how much they feel: but we wish to convince them that the kind and degree of their feeling by no means teach them what causes it, nor the principles upon which its existence depends. We are willing to concede to the lady, that she knows best how her own headache *feels*, and that she knows it is relieved by a cup of tea. But does she know either the remote or immediate cause of her headache? Does she know the vital properties and powers and functional relations of the organs of her body; and does she accurately understand the healthy and the diseased affections and sympathies of those organs? Does she know the qualities of the tea in relation to the vital properties and functional powers of her system? Does she know the direct and the ultimate effects of the tea on her system ?—how it produces the pleasurable feelings, and how it removes the pain of her head ? And does she know whether the very effects of the tea, by which the paroxysms of her headache are relieved, are not the principal source of her headache, and the main cause of the frequency and violence of the paroxysms ? If not, what are her feelings and experience worth, to herself or others, as rules of life, by which she or any one can judge of the fitness of her habits to the laws of life and health ? We answer, not a farthing ! Nay, indeed, they are worse than nothing—mere delusions by which we are decoyed from step to step along the specious labyrinths of sensuality and suffering. And such, with rarely an individual exception, is the universal experience of mankind. We acknowledge that they *feel*, and that they know whether their feelings are pleasurable or painful. But do they know physiologically *how* or *why* they feel ; and understand the relation of their feelings to the powers and laws of vitality, and to the condition and functions of the living organs ?

AUTOPSY OF AN OPIUM EATER.

BY M. S. PERRY, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Was called to see Mrs. ——, aged 77, Dec. 8th, and obtained the following history of her case from her friends. Patient was of nervous temperament, but enjoyed very good health till about nineteen years since. At this time had an attack of pleuritis, which left her with a cough. For this she was advised to take tinct. opii. Her cough has continued from that time to this, worse in winter than in summer ; has raised blood occasionally, mixed with mucus ; always expectorates some when she coughs. For last nine years has used the solid opium in large quantities—15, 20, and sometimes 30 grains per day. Has been confined now to chamber seven weeks, and for five weeks has not taken any food ; has only drank a little water occasionally ; has taken 30 grains of opium every night—could not sleep without it, but would scream till she had the quantity ; 15 or 20 grains would not quiet her. She is naturally a small eater. She has had no dejection for five weeks ; has made but little water, and that was thick and dark-colored. She died the same night.

Autopsy, twelve hours after death.

External appearance.—Very much emaciated ; skin of a dark brown color ; cuticle loose, falling off in scales ; muscles rigid ; chest sounds well on percussion ; abdomen flat.

Chest.—Right lung adhering by a strong membrane near apex and posterior part of upper lobe ; apex filled with small grey tubercles, two or three of which were softened. There was also in this part of the lung a small abscess, the size of a common walnut, filled with pus ; did not communicate with the bronchia. No tubercles in middle or lower lobe ; some congestion in latter. Left lung adhering near apex, adhesions firm and strong. There was also a small membranous band running from the inferior part of upper lobe, and adhering near fourth rib. This was of recent formation. This lung was healthy, with the exception of two or three small tubercles near apex.

The mucous membrane of the bronchia, near the bifurcation, redder and softer than natural, and in one or two of the small bronchiæ on the left side, it appeared for a line or two entirely destroyed. Membrane throughout lined with mucus. *Bronchial glands* not enlarged—of a dark color. *Heart.* Pericardium natural ; did not contain any serum. Walls of left ventricle thickened, cavity small. Right ventricle dilated ; no disease of valves.

Abdomen.—On opening into this cavity, the stomach was seen extending from the diaphragm to within an inch of the pubis. It measured twenty inches from the cardiac orifice to the pylorus, round the large curvature, and eleven inches round the small. It was contracted in the middle ; coats thinner than natural ; mucous coat red, quite thin and tough, and firmly attached to the muscular coat ; an appearance of ulceration commencing near pylorus.

Intestines.—The small intestines were pushed forward by the stomach into the pelvic cavity. The mucous coat, through whole distance, perhaps redder than natural, and adhering closely to the muscular coat. No appearance of ulceration in any part. Peyer's and Brunner's glands healthy. Large intestines crowded with fæces.

Liver small, of a dark color, not granulated. *Gall-bladder* contained five or six ounces of dark viscid bile ; no disease of ducts. *Kidneys* soft, small, but otherwise healthy. Spleen small, quite firm, and of a darker color than natural. Mesenteric glands not enlarged. Head not examined.

Boston, December, 1835.

MASS. MEDICAL SOCIETY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—When you a few weeks since expressed a strong wish that the "business journal" of the proceedings of the Mass. Medical Society were published, I addressed you a note, reminding you that the thing had been done every year for nine years past. I took it for granted that you would be glad to make the correction. But instead of doing it with the distinctness which the importance your former remarks gave to the subject deserves, you ask "how long after the meeting of the Society the record is ordinarily published." The answer is of course within your own observation, because, as a fellow of the Society, you must have received the publication annually. The whole matter is not perhaps of any great moment ; but since you have called it up, it is but an act of justice to inform those of your readers who are not fellows of the Society (those who are, of course know it already, if they read the publication sent to them), that the proceedings of the Society at its annual meeting, and an abstract of the proceedings of the Counsellors, are published every year in an appendix to the pamphlet containing the annual discourse, and when there is no discourse, as happened a few years since, the appendix is published by itself. This publication, as I remarked to you in my last note, contains everything which can possibly possess any interest to any one, except occasionally some matter of personal concern, which it would obviously be unjust to an individual to make public; such as a rejected nomination, for example. The reports of Committees are always given at length, and all the action upon them in as much detail as the records themselves. In regard to the time of the publication, the vote of the Counsellors requiring it, directs that it be made within a month after the annual meeting. In practice, it has often been found that a little more than that is taken up in getting the discourse (and sometimes there are other articles published with it), through the press. But it is never more than a few weeks after the meeting, before the journal is printed and distributed to every fellow and retired member of the Society within the State. H.

Boston, Dec. 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 23, 1835.

EDITORIAL MISFORTUNES.

Among the many grievances, not always necessarily growing out of the management of a periodical, but which seem by the constitutional laws of free discussion to be inseparably connected with the business, the misconception of readers is decidedly one of the most afflictive. Paragraphs which were never intended to have even a remote personal bearing on any one, by the morbid excitability of some are seized upon with avidity, and magnified, by the active workings of a vivid imagination, into heinous offences, alike disreputable to the writer and subversive of the first principles of social order. Others, full of the very spirit of benevolence, are occasionally shocked with the discovery of what they conceive a cunningly devised inuendo, which, like a torpedo, is eventually to explode with dreadful effect, blowing into atoms a favorite of their own, in the tangible shape of a book, an institution, or the more complicated machinery of an association of men engaged in the pursuit of one common object. In the same sentence that excites the indignation of one, and alarms the fears of another, a third is perfectly delighted with the staunch independence of the editor, who cuts and slashes, to his apprehension, with the fearlessness of a Janissary. He glories in the threatened destruction that awaits monopolists in any department of professional career, who have been more successful than himself—forgetting that his own disposition actually prompts him to adopt precisely the same system of measures which he so vehemently condemns in a rival. Lastly, for it would prove an interminable toil to particularize the character of each class of critics sitting in continual judgment, the cautious meddler, whose profound regard for all mankind is manifested in soft whispers by way of advice, as he loves, more than the soul that animates him, to witness the sweet influences of friendship, warns us to be careful, lest umbrage should be given somewhere, and a subscriber might be lost! Now it is the clearest of all propositions, that in order to meet the exact requirements of these several orders of argus-eyed commissioners of faults, our Journal should be issued without the impress of a single type upon it—and then no one would be suited. Therefore, we have fully resolved to suit ourselves, at the same time entertaining a strong hope of being serviceable, as far as our humble means will allow, in contributing to the extension, respectability and usefulness of medical science over the domain of our common country.

We beg leave to direct our readers to the communication of H. in the present No. of the Journal, by way of illustration. It is, in essence, a severe examination of a remark we had occasion to make a few weeks since, in relation to the business journal of the Medical Society. Our correspondent is certainly right in declaring that it is printed and distributed. But, unfortunately, he mistook our meaning at the outset. Instead of being exclusively circulated among the fellows, we contend that other people,—aye, the profession every where,—have an interest in it, and, as common property, it should go forth in all the periodicals through which such intelligence is usually promulgated. In the manner also of calling this society together, show us the difference between such calls and those directed to the stockholders of a common insurance company, for example, and we are ready to acknowledge ourselves in error. Are such notices circulated in those publications most likely to be seen by members of the society? And where a meeting has been brought to a close, are the doings ever generously made known through similar channels, for the good and behoof of such as may happen to reside two miles beyond the boundaries of Massachusetts proper, unless a reporter is fortunate enough to gather a few imperfect sketches? No one more highly venerates this institution than ourselves, sustained as it is by the first grade of medical powers ; and owing to the predominance of this feeling, we have urged a point, perhaps to make an enemy, when we would have made the society many friends.

COMPARATIVE ANATOMY.

Fine opportunities have been offered of late, for pursuing this important study. Several large and rare animals having died, have been generously given, immediately after, to those most competent to prepare them for the cabinet. A careful eye should be had to the menageries, that nothing be unnecessarily lost, which would be of service in illustrating either animal mechanics or animal functions. A lioness, a moose, and several rare varieties of the monkey, are now being carefully dissected in this city. The Natural History Society's museum, in Tremont Street, which, by the by, should be visited by medical strangers, contains excellent natural skeletons of the rhinoceros, and ostrich, besides many other equally rare animals of the old world. The collection of skulls of animals, which has been gradually enlarging since the organization of the association, has become very considerable. Beautifully prepared bones of the jaws of a monstrous alligator, and the countless number of smaller specimens of the osteology of smaller reptiles, could not fail to interest a very indifferent spectator.

COMPARATIVE MORTALITY OF THE SEXES IN PHILADELPHIA.

The American Journal for November contains some very curious and interesting observations on this subject, based on tabular statements from the public record of deaths. It appears that of the children born in Philadelphia during the ten years included between 1821 and 1830, amounting, according to the returns made to the Board of Health, to 64,642, there were 2,496 more males than females. But notwithstanding the males at birth thus exceed the females about 7 1-2 per cent., a reference to the census of 1830, shows that by the fifth year of childhood the male excess is reduced to about 5 per cent., and at ten years to only 1 per cent.; and that the reduction still going on, the females between the ages of ten and fifteen exceed the males about 8 per cent., and between fifteen and twenty, 7.3 per cent.

It has been impossible to ascertain the causes which have thus reduced the proportion of the male sex during the early stages of life, until within the last three years, as no distinction of sex existed, until then, in the record of deaths occurring under the 20th year. From the records during these three years it is shown that, with but few exceptions, all the morbid influences to which the early periods of life are exposed, operate with peculiar fatality among the males. The diseases which appear peculiarly obnoxious to the male sex, are the following:—Inflammation of the brain, inflammation of the bowels, bronchitis, croup, inflammation of the lungs, fevers of all kinds (except scarlet), convulsions, general dropsy, dropsy of the head, smallpox. The few cases in which the deaths of females predominate, are in the following diseases:—Consumption, dropsy of the chest, scarlet fever, burns and scalds, hooping cough. Dr. Emerson, who has collected these interesting facts, has shown that the disparity alluded to is not of accidental occurrence, as it occurred successively during the three years in about the same proportion.

Boylston Med. Society.—The Boylston Medical Society held their first meeting this season on Wednesday, Dec. 9.

An interesting lecture was read before the society, we are informed, by Dr. Gould, on a subject, which, we think, deserves a much greater share of attention from medical gentlemen, than it has hitherto received—"The study of botany in connection with medicine; and the knowledge of the natural history of those substances which constitute medicinal agents." A considerable number of the present medical class have become members of the society. The officers for the present year are—Augustus A. Gould, M.D. President; H. J. Bowditch, M.D. Vice President; Luther Clark, A.B. Secretary; and Nathaniel S. Tucker, A.B. Treasurer.

Re-vaccination in the army of the Wurtemburgian States in 1833.—Professr Heim states in the *Wurtemb. Mediz. Correspondl.*, Nos. 10 and 11, that 1683 individuals were re-vaccinated with the following results:—34 in each 100 with success; 22 with modified results; 44 without any result. The patients were from twenty to thirty years of age. Of 577 who were re-vaccinated with perfectly successful results, 293 showed good cicatrices, 116 imperfect, and 168 presented no cicatrices at all. Of 366 re-vaccinated with imperfect results, 193 had good marks, 134 imperfect traces, and 39 no cicatrix at all. Finally, of 740 persons re-vaccinated without any result, 382 showed good, 222 imperfect, and 136 no cicatrices.

Smallpox.—The smallpox has appeared, since our last, at Plymouth, and Worcester, Mass. We shall soon have the particulars from our correspondents in those places.

Damages for Nothing.—The New York Medical Journal and Review states that Samuel Thomson, the patentee of the botanic system of medical practice, has lately recovered $20,000 damages of an individual in New York, for infringements upon his patent.

Dr. Knox.—This distinguished teacher of anatomy, whose name became quite faniliar to the canaille, in the Burking business, a few years ago, is delighting a host of auditors in the city of Dublin. He has scarcely a rival in this important branch of human knowledge.

New Medical College.—The new Medical College at Augusta, Geo. is just finished, and the lectures have commenced. The Augusta Chronicle says—It is two stories high above the basement, and 80 feet long by 77 wide, surmounted by a large dome, and has a massive portico in front, sustained by six Grecian fluted doric columns, and ascended by a flight of eight steps 26 feet wide. The exterior walls are to be rough casted in imitation of stone, and, judging from the small portion just completed, will present a very beautiful and impressive aspect.

New Foreign Journal.—On the first of January, Sherwood & Co. of London, will publish the first number of the British and foreign Medical Review, or Quarterly Journal of Practical Medicine and Surgery, edited by John Forbes and John Conolly, M.D. editors of the Cyclopœdia of Practical Medicine—Price six shillings. In this work, particular attention will be given to the state and advancement of medical science in countries especially distinguished for the zeal, activity and proficiency of their professors,—as, France, Germany, Italy and America. No reports of cases will be admitted into its pages, except in the form of critical essays. The size will be that of the largest quarterlies—eighteen sheets in each number, making two hundred and eight pages.

To Correspondents.—The first of a series of criticisms on Dr. Bell's Prize Essay has been received, and will be put in type next week.

Arrival of Physicians from Europe.—From Havre, at New York, Dr. Wm. Keith, of Philadelphia—Dr. Oliver Holmes, of Cambridge, Mass.—Dr. W. C. Swann, of the city of Washington. It being our intention, as far as practicable, to keep a registry of the arrival and departure of medical gentlemen, correspondents will oblige us by intelligence of this kind.

Died—At Wilmington, Del. Dr. Joseph Thomas, aged 33.—In Rockbridge Co. Va. Dr. William L. Davidson, 25.—At Hartford, Vt. Dr. Thomas Carter, a native of Concord, N. H.—At New Carthage, La. Dr. Asa M. Ditson, 28, formerly of Wilton, Me.—At New York, Dr. David Green, 43.—At St. Thomas, W. I. Dr. Alexander Robertson, of New York.—At Rye, N. H. Dr. Drisco Knox, 87.

Whole number of deaths in Boston for the week ending Dec. 19, 42. Males, 26—Females, 16.

Of measles, 7—drowned, 1—infantile, 6—burn, 1—lung fever, 3—paralysis, 1—croup, 2—ulcerated sore throat, 1—convulsions, 1—sudden, 1—pleurisy, 1—consumption, 2—liver complaint, 1—debility, 2—fits, 1—inflammation of the bowels,—intemperance, 1—typhous fever, 4—childbed, 1—throat distemper, 1—old age, 1. Stillborn, 1.

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THE

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MR. SKEY'S LECTURE ON THE PRINCIPLES OF TREATING DISEASE.

[Continued from page 312.]

These primary principles admitted, we proceed to the theory or principles which more immediately influence our treatment. I have already stated them as "general rules, which, though modified by circumstances, are applicable to all similar examples of disease." Now there is an obvious distinction between the theory of a disease and its treatment. By theory we understand the contemplation of, the reflecting or reasoning upon, a subject. This one would suppose an essential prelude to the treatment of all maladies; but it is not really so, inasmuch as the principles of life, or, rather, the views and objects which nature may have in contemplation in the cure of any particular disease, may not be so obvious as to obtain the unanimous concurrence of all physiologists. They may be susceptible of various explanations; whence the number of irreconcilable views taken by different authorities; and, as regards many diseases, their treatment was adopted on unknown or ill-understood data, and numerous theories have been based upon them, to suit the prejudices of their numerous inventors. There is a natural and well-grounded prejudice against what are called *theorists*. The tendency of a man's mind to theorize is, *ceteris paribus*, just proportionate to the activity of his imagination, and as nature has so ordained it, men's judgment is ordinarily defective, as their imagination or love of speculation is acute. Thus it is that minds naturally imaginative, whose flights of thought equal in celerity the movements of the playful Puck, "who could put a girdle round about the earth in forty minutes," and whose speculations cost them neither time nor labor, see through the mysteries of diseased action, trace the movements of the master mind that wills it, "and give a local habitation and a name" to the self-created authorities of their ill-guided imagination. It is not from men so gifted that our profession will derive much advantage or instruction. Pray you avoid them.

There is another class of men, the objection to whom is so closely associated with the preceding, that I cannot forbear alluding to them,—they are mathematical surgeons. A man's mind that has been long accustomed to direct and palpable evidence, and whose conclusions are inevitable, though the very reverse of the imaginative, endeavors to reduce the question of principle to the level of direct reasoning, and will believe nothing that he cannot explain upon the same irrefragable principles of reasoning, as lead to the positive deductions of mathematical science. The tone of mind which this study engenders, appears to me not the most desirable for a practitioner of our art, notwithstanding the immense advantages which it affords in invigorating the reasoning powers. I should be sorry to be supposed desirous of withholding my tribute of admiration for highly-cultivated intellect or reasoning power ; but I assert, that so long as the data are but imperfectly known or understood, and until the principles of life and the nature of their operation are brought within the grasp of our comprehension, that man's practice must be (to use the mildest term) most imperfect, who would postpone for one hour the application of a remedy because he could not explain the rationale or the principles of its action ; and there are too many practitioners of this class.

With the action of how few of the innumerable remedies of our Pharmacopœia are we thoroughly acquainted ! This may be deemed a species of empiricism, but within a certain restraint it is essential to every practical department of our profession. You must not expect, then, that you are entering on a study, the principles of which can be reduced to a course of reasoning as certain and as conclusive as that of mathematical science. Empiricism means practice. It consists in the application of remedies which experience has taught us the value of, but which we have obtained through any means but those of reason. Take, for example, the treatment of some forms of disease of the testicle. We find them essentially benefited by the use of emetics. What is the rationale of this ? Does the disease depend on a morbid condition of the stomach ? If so, a form of aperient that would relieve it of its contents in common with the whole of the intestinal canal, ought to accomplish the same end; but it does not. Local depletives, aperients, diaphoretics, are equally inefficient, and an emetic finally removes the evil. Now the stomach and the testicle have neither vessels nor nerves in common. It is referred to sympathy. Is this satisfactory ? To me I confess it is not, and in the state of our knowledge I should largely prefer acknowledging my entire ignorance of the *modus operandi* of the remedy, than I would mask the real difficulty by a pretended explanation, that would never be borne out by close physiological investigation. The conviction of our ignorance is the first step towards the improvement of our knowledge.

But, in the mean time, shall we withhold the emetic till we can explain the phenomena of its use ? Certainly not ; therefore the practice by empiricism is a necessary part of our duty. The late Dr. Gooch, the most able and most amusing lecturer of the day, was in the habit of recommending to his class some forms of medicine, which comprised a combination of a large variety of medicines in a single dose. In commenting on this "mess," as he was accustomed to denominate it, he used to say, "I combine these medicines together, because I find them answer the object I have in view ; I do not attempt to explain the theory of their application ; but I find them useful, therefore I employ them." With regard to this subject, let me observe, that the chief object of my reference is, that I am desirous that you should not commit yourselves to an explanation of the *modus operandi* of a remedy, unless you see its operation clearly and distinctly. Its consideration will conduce to a most important end,—that of leading you to *reflect* and *reason*,—to establish, as your groundwork, clear comprehensive premises, on which your treatment is based ; to eschew the jargon of words with which the really ignorant man involves in a mystery of technicalities the statement of his opinions, and to endeavor to trace the workings of disease by simple and concatenated steps to their ultimate termination. I attach the highest value to that instruction which teaches simple principles,—which places before the eye of the student the first processes of disease. I should be content, rather, were he about to abandon instruction, to place him in the path of improvement, having adopted simple and distinct, but intelligible views of the early stages of disease, than I would endeavor to elicit his interest or his attention by vivid descriptions of extensive and uncontrollable disease. I should prefer to study nature in a case of common ulceration, in which my assistance might be valuable, to pursuing the endless ravages of a malignant growth, of the nature and source of which I may be totally ignorant, and in which the only advantage I could confer would be sympathy for the sufferer. And here let me advert to a common error among students, which owes its existence to a defect in their education,—that of misnaming cases of disease by the application of the epithet "*good.*" You hear that Mr. So-and-so has a "good case" in such a ward, or "a good case of accident has just come in; they are gone for the surgeon to cut his leg off." Gentlemen, these are not good, but "bad" cases,—bad in every application of the word,—bad as regards the patient, for his body is mutilated by the knife,—bad as regards the art, for they justly expose it to obloquy,—and bad as regards yourselves, for they afford you no knowledge beyond that derived from beholding a painful operation, which you may possibly witness for the first and last time in your lives. I conceive a good case to be susceptible of relief or cure, and then the more extensive the malady, the greater the "goodness,"—a case in which the art of the surgeon triumphs over disease, efficiently co-operating with nature in its eradication,—not one in which the surgeon takes the case into his own exclusive charge, and effectually extirpates it by the amputation of the limb of which it formed a part.

Now, gentlemen, if for the purpose of warning you against unphilosophical and unreasoning views, of exposing to you the real level of our knowledge, and of preparing you for the necessity of availing yourselves of the aid of remedies, the action of which in the present state of our knowledge admits of no satisfactory solution, I have for one moment become the advocate of empiricism, I trust that the principles of education I have subsequently advocated will guarantee to you my conviction of its utter incompetency to advance professional knowledge. Empiricism may be employed as the refuge, without being the cloak of our ignorance. It may prove a valuable resource. It may temporarily represent, it can never supersede, the practice of reason. We may employ it as the homage due to the unexplained mysteries of nature; but it must ever be deemed a detracting blot on the real dignity and intellectual rank of our profession.

[Mr. Skey's remarks on the subject of *treatment*, which occupy the remainder of his lecture, will be given in a future Number.]

REMARKS ON DR. BELL'S PRIZE ESSAY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have read, with considerable interest, the Prize Dissertation on Diet, by Luther V. Bell, M.D. as it has appeared in four or five successive numbers of your Journal, and with your permission I will venture to make a few comments on it. It is not, however, my intention to enter into a critical and elaborate examination of the merits of Dr. Bell's performance. Were I disposed to follow his own lead, and to use his own weapons, it would require no great skill nor power to annoy him exceedingly; and if I should not be able to give him any deep wounds, I might, with great ease, at least, excoriate him from head to foot, and leave him smarting more cruelly than he would from a more fatal thrust. But though Dr. Bell has indulged quite as freely in *sneer* and *sarcasm* as becomes any gentleman, when gravely discussing an important practical subject which requires sound and candid reasoning, I do not feel that it would be suitable for me, even under such provocation, to take up his weapons and attempt a gladiatorial display in his own style. The subject propounded for his consideration is of very great importance to mankind, and demands serious inquiry and deep and honest examination:—and either this business of offering a prize for the best dissertation on the diet of New England, is purely a farce, or else it is intended to concentrate all the light that can be gathered in relation to the question, for the benefit of the people of New England. Regarding this latter view of the subject as the true one, I am sorry that Dr. Bell has not been careful to produce a dissertation on this occasion, as *entirely* worthy of the confidence of the good people of New England, as, I am sure, he has the talents to do. I say as *entirely* worthy, for in many respects he has done justice to the subject, and presented it in a true light; and I am willing to believe that he designed to be correct in all the views advanced; but surely if Dr. Bell will candidly review his own performance, he cannot but perceive that he has blurted out much that is purely gratuitous and by no means remarkably respectful to gentlemen older, more learned, more experienced, and more cautious, than himself, in his own profession. And this is one of the rocks against which Dr. Bell frequently strikes, and always to his own disadvantage. With not a little arrogance he continually assumes that *all* those who maintain opinions contrary to his own on the subject of the natural and proper diet of man, are mere "Utopian dreamers," fanciful speculators, weak-minded religionists, &c. Dr. Bell will, I hope, pardon me if I respectfully say to him, that there are those, among the number that he very modestly denominates "Utopian dreamers," who are prepared to meet any one that he can bring, on the opposite side, in the severest tests of profound scientific research and discussion.

I am sure that no man living has a higher and more cordial respect for the medical profession than I have, and I cannot believe that any one is aiming and endeavoring more sincerely to elevate and honor that profession; and it is this feeling, more than any other, that now prompts me to notice in this manner the performance before me: yet my respect for the *profession* as an important function in the system of civic life, by no means begets in me such a reverence for the opinions of its members as to prevent my examining those opinions with the utmost freedom and scrutiny. A familiar acquaintance with the history of medicine, from the days of ancient Egypt to the present time, is not at all calculated to increase one's confidence in the infallibility of any man or set of men in the medical profession ;—nevertheless, it cannot justly diminish one's respect for the profession itself. While the nature and condition of man are what they are, the medical profession will always necessarily be an essential element in the constitution of well-regulated society ; and its true adaptation to the welfare of society requires that it should occupy a station of the highest dignity and respect, and deserve and receive the fullest confidence of every member of the community. But this constitutional relation of the profession itself to other elements of society, does not necessarily elevate and dignify every individual who may formally enter it, nor prevent the physician from sinking his own medical character far below the true dignity of the profession. Every honest and true friend to society, therefore, must desire to maintain the high dignity of the medical profession ; and he who would do this, must endeavor to elevate the medical character of every physician to the true dignity of the profession. And he most eminently effects this, who does most to make physicians truly acquainted with the real nature and condition of man.

While, therefore, a proper respect is paid to the opinions of others, every lover of truth and of the true interest of the human family should endeavor, as far as possible, to examine for himself, thoroughly and honestly, every important question which he attempts to discuss for the benefit of others ; and most especially those questions which are very nearly associated with the vital interests of the human race. Evidently true as this sentiment is, a disregard to it has led to the most extensive propagation and perpetuation of error from age to age through many hundred years ; and it is from a disregard to this manifest truth, that Dr. Bell, in his Prize Dissertation on Diet, has become the propagator of errors whose only authority is popular ignorance and depravity, backed by the superficial and fanciful speculations of individuals who have unjustly received the confidence of the world as scientific men.

To medical quacks, and every species of medical quackery, it is of utmost importance that popular error and ignorance should be propagated and nurtured as extensively as possible ; but such error and ignorance are the deadliest foes to the true dignity of the medical profession ; while, on the other hand, the universal diffusion of the light of scientific truth is the surest death-blow to quackery of every kind, and serves with greatest certainty to secure the true dignity of the medical profession, and the best interest of society ; for the relation between the elevated and true dignity of the medical profession and the best interest of society, is such, that the one cannot exist without the other.

I have already remarked that it is not my intention to enter into a critical examination of Dr. Bell's performance ; still less do I design to assume a controversial attitude towards him. But believing that the subject on which he has written was honestly propounded as the subject of a prize dissertation for the purpose of eliciting the truth, and of bringing before the minds of the people of New England such information as would be of practical value to them, I address myself to those who have propounded this subject, and offered the prize—to the physicians of New England, and to the New England people generally, rather than to Dr. Bell personally. And in doing this, one object is paramount with me—and this is, the exhibition of the truth for the good of my fellow creatures. If there be a man living who loves New England—her institutions and her prosperity—and who desires to do all in his power to cherish and perpetuate her welfare, I am one : and this zeal would have gone far to induce me to become a competitor for the prize awarded to Dr. Bell, had I known that such a subject was propounded, before the prize was awarded. Not for the prize's sake would I have written, but for the truth's sake, and in the spirit of philanthropy.

To the medical fraternity of New England, then, I will respectfully say—Gentlemen of an honorable and most responsible profession, there can be no just reason why you should regard me, or my humble labors, with the least degree of jealousy or prejudice. Neither in object nor in effort am I an enemy to your profession. Is there a man among you who would wilfully sacrifice the cause of truth and the best interests of humanity to the supposed advantages to be derived to a temporary self-interest, by the propagation of ignorance and error ? God forbid ! But, gentlemen, is there not, as a general statement, a natural propensity or disposition in man to cling to established institutions, and to reverence hereditary usages ? and while this quality in human nature serves greatly to give stability to the forms of society, and in this manner perhaps generally contributes more to the good than to the evil of the race, does it not also serve to perpetuate every species of error, and to retard the progress of society towards the highest and best condition of which the nature of man is capable ? And is it not possible that this very quality of our common nature, may even lead the medical fraternity, in some instances, to defend the hereditary opinions of their profession with more zeal for their authority than enlightened conviction of their truth ? Gentlemen, can you look back over the history of your profession, even for a single century, and not be convinced that the review affords you abundant reason why every one of you should think, and investigate, diligently, profoundly and perseveringly, for himself, on every subject belonging to his profession, rather than passively receive any man's opinion as indubitable authority ? Thank heaven ! professional as well as political despotism and aristocracy are rapidly retreating before the intellectual and scientific democracy of the world, and God grant that the time may soon come when the sovereignty of truth and virtue shall be the only authority which mankind will acknowledge.

Gentlemen, however such a state of things may affect individuals among you, be assured your *profession* has nothing to fear—but much—very much, to hope from it. Nothing is more certain than that the more clearly and accurately the people understand the true character of your profession, the higher will be their respect for it—the greater will be their confidence in it ; and the greater, also, will be their contempt for every unworthy member of it ; and the deeper will be their abhorrence and detestation of every species of quackery.

But, to our subject.—" If man were obliged to abstain totally from flesh, he could not, at least in our climate, either multiply or exist. An entire abstinence from flesh can have no effect but to enfeeble nature. To preserve himself in proper plight, man requires not only the use of this solid nourishment, but even to vary it. To obtain complete vigor, he must choose that species of food which is most agreeable to his constitution; and as he cannot preserve himself in a state of activity but by procuring new sensations, he must give his senses their full stretch, and eat a variety of meats, to prevent the disgust arising from a uniformity of nourishment." Such are the opinions of the celebrated Buffon, and such are the opinions that have been received and defended almost universally throughout that portion of the civilized world in which flesh constitutes a part of human aliment. Yet can any intelligent and candid man pause for a moment to examine these statements, and not be astonished that notions so manifestly erroneous could gain such general acceptance among men claiming to be learned and scientific? The facts that man *can* subsist on a mixed diet of vegetable and animal food, and apparently do as well on it as on any other—and that a considerable portion of the human family have, at least for centuries, subsisted on such a diet,—and that those who have been accustomed to a free use of flesh, generally suffer a temporary physiological depression from the sudden and total abstraction of it, are the only real data on which the doctrine of the necessity for a portion of flesh in the diet of man has been founded. Until a recent period, however, the advocates for this doctrine have universally and zealously insisted that it is fully supported by the evidence of comparative anatomy; and while they were permitted to wield this argument, they failed not to urge it on all occasions, when the subject was agitated, as conclusive and incontrovertible. But *now*, when the tables are turned upon them, and they are compelled to acknowledge that all the evidence of comparative anatomy goes fully and conclusively to prove that man is naturally a frugivorous animal, they affect to sneer at their opponents for urging so weak an argument, and gravely tell us that man is not a mere creature of *instinct*, but is endowed with *reason*, by which he is enabled to adapt things to his use which are not naturally fitted for him. But will these gentlemen pretend to say that any amount or degree of reason in man can enable him to nullify the constitutional laws of his nature? This argument, like that founded on the fanciful evidence of comparative anatomy, is based on error, and evinces a want of profound knowledge in physiological science. The beaver, when he wants to build a dam, is taught by a species of reason (for *instinct* cannot teach him this), to go up stream and gnaw down a tree standing on the bank, so that it may fall into the water and float down to the place where he wants it; and man, less by his superior reason than by his superior voluntary powers, is enabled, when he can find no tree above the place where he wants it, and can find one below, to fell the tree into the stream and force it up against the current. But do these superior endowments in man in any degree nullify the law of nature which causes the tree or log naturally to float down stream? and does not man, by transgressing that law, necessarily suffer the penalty? Does he not have to expend more or less of time and force, which would not be requisite if, like the beaver, he could and did conform to the laws of nature? Most evidently so. Man's superior endowments, therefore, while they enable him in some measure to counteract the laws of nature, cannot save him in any degree from the *friction*, if I may so speak, which his resistance to those laws necessarily causes. And this is strictly true in regard to the physiological laws of man's nature. We possess, to some extent, the physiological *capability* of adapting ourselves to conditions and things to which we are not *naturally* adapted; and we possess the rational and voluntary powers of adapting many things to our *use*, which are not *naturally* fitted for us ; nevertheless, all departure from the constitutional laws of our nature, in the exercise of these *capabilities*, is always, and necessarily, attended with commensurate injury to our physiological interests ;—and if the advocates for flesh-eating will examine the subject honestly and thoroughly, they will find that all the physiological and psychological, as well as all the anatomical evidence in relation to the natural dietetic character of man, goes wholly and conclusively to prove that man is *naturally* a fruit and vegetable eating animal.

Boston, *December* 21, 1835. S. GRAHAM.

(To be continued.)

CLINICAL LECTURES OF M. LUGOL ON SCROFULOUS DISEASES.

DELIVERED AT THE HOSPITAL OF SAINT LOUIS. LECTURE II. THE CAUSES OF SCROFULA.

TRANSLATED BY J. CHICKERING, M.D. BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

AT the last meeting I stated that we might consider scrofula as a general disease dependent on organic weakness and imperfection, the consequence of faulty nutrition, and affecting chiefly the great lymphatic system in all its tissues. At this time I shall speak of the predisposing and occasional causes of scrofula.

Among these last we must include in the first rank, climate. Scrofula is more common in Europe than in other countries, but it does not prevail indiscriminately in all the countries of our continent. This disease is more common in England and Holland than in Spain and Italy. In some provinces of France, as Lower Brittany and Auvergne, it is, we may say, epidemic, while it is rare in Provence. The air, that universal agent, appears, in certain states, to have great effect in producing scrofula, especially when there is a deficiency of solar influences, and, according to M. Humboldt, where there is a diminution of electricity ; these circumstances are likely to make the white fluids predominate, to stimulate their secretion, and produce in man the same effect (étiolement) that is observed in vegetables subjected to the same atmospheric constitution. Thus, in our great cities, as Paris and Lyons—in the low, damp and filthy quarters, where the narrow and close streets with difficulty permit the circulation of the air, and the entrance of the genial rays of the sun, and where a numerous population are crowded together, subjected to all the privations of wretchedness, nothing is more common than to meet with persons presenting a living picture of the scrofulous diathesis in the last stage, and dragging out the rest of existence amidst a train of infirmities

The people of the country are sometimes no better off; their dwellings, surrounded by offensive matters and stagnant waters, do not allow the free access of the air, and, at the same time, they are seats of vice.

Occupations.—Writers regard as predisposing to scrofula, certain occupations, such as that of tailors, shoemakers, and weavers. In Bourgogne, for example, where the weavers work in deep, damp, dark and badly-aired cellars, these unfortunate people are numerous, who seek in our hospitals the aid of medicine for an inveterate disease, which has already made frightful ravages, and often beyond the resources of art.

Seasons.—Spring and autumn seem favorable to the production of this disease. The heat of summer, on the contrary, frequently causes a resolution of the engorgements.

Food.—The mode of living has great influence in producing scrofulous affections. Heavy and indigestible food which, in a large quantity, contains but little nutriment, or what has become deteriorated so as to furnish chyle only of a bad quality, and which fatigues and irritates the digestive organs, is a very frequent source of scrofula.

The use of muddy waters, excluded from the air, and charged with foreign matters, and of difficult digestion, as cistern water, &c. contributes to develope this disease. Thus, at Rheims, as soon as river water was substituted for well water, the number of those with goitre and other scrofulous affections, so considerable among its inhabitants, was sensibly diminished.

Previous diseases.—Some authors, as Stoll, Astruc, Lieutaud, &c. have thought that scrofula depended on the effects of the syphilitic virus, an opinion which is contradicted by the historical fact that scrofula was known long before the discovery of America.

Moral Causes.—The depressing and melancholy affections derange the organs which may become the seat of scrofulous disease. We have seen this predisposing cause developed in children whose mothers suffered from the depressing passions during gestation, and the scrofulous diathesis was frequently observed during the storm of the revolution. Pinel and M. Richerand have remarked that children supported by charity in the hospices, and early feeling their desolate situation, give way to melancholy which remarkably predisposes them to this disease.

Hereditary.—Of all the predisposing causes to scrofula, the most powerful is doubtless that from parents; this is now incontestably true. Most of the patients whom we have met, tell us that their father, mother or ancestors, were affected with scrofula, and that their brothers and sisters were likewise affected with it; so that we believe that scrofula is as much hereditary as any disease.

Some explanation is here necessary. Scrofula is not hereditary in the common acceptation of the word. We receive from our parents a disposition to contract it, in consequence of an organization similar to theirs, and not because the germ of the disease is implanted in us. It is not necessary that parents should be affected, to give birth to scrofulous children. In fact, when married persons are too young or too old, and their health has been impaired by excess, almost always their children are badly organized. The hereditary influence is not always direct; a scrofulous father may have healthy children who will not manifest through the whole of their lives any symptoms of the disease of the parents, but all or some of their children will be affected with scrofula. It seems to us, in this case, that the expression *hereditary* is correct. Experience teaches that parents, married at a late period, are more likely to give birth to scrofulous children. The feebleness of such parents, and certain diseases which they máy have contracted, and to which they are still subject—phthisis, for example—have a lamentable influence on the impregnated germ and on the nutrition of the fœtus.

DEATH FROM ARSENIC, TAKEN BY ACCIDENT FOR CALOMEL AND JALAP.

[THE following account of a death from poison was elicited by some remarks in the 7th No. of this Vol. of the Journal, respecting a sudden decease attributed to the effects of a dose of calomel and jalap, in which the proportion of the former ingredient was *supposed*, very gratuitously, to have been too preponderating to be overcome by the purgative operation of the latter. We fully agree in the opinion expressed by our correspondent, that death in this case was occasioned by a dose of arsenic, and not by calomel and jalap.—ED.]

F. A. D. aged 23, clerk, took at 2 o'clock, in the morning of Sept. 4th, a powder, which was followed by vomiting in the course of half an hour; soon afterwards, several dejections. Vomiting and purging, at short intervals, continued through the day. Evacuations consisted mostly of a serous fluid and bile. Quantity vomited during the day amounted to six or eight quarts by estimation. In the afternoon, on attempting to walk from one bed to another, he fell down senseless, was convulsed, had cramps in extremities, and was cold. At 7 in the evening, which was seventeen hours after the taking of the medicine, I saw him and found him as follows. Extremities cold, bathed in perspiration; skin blue and corrugated, feeling as if parboiled; no pulse perceptible at wrist; pulsations of carotids rapid and fluttering; eyeballs retracted in orbits; countenance livid; voice husky and guttural; extreme thirst; distress at epigastrium; frequently vomiting; mind clear; no dejections after first visit; his whole appearance was much like that of a person affected with malignant cholera.

He was told at once that he had taken a poisonous substance; and on being questioned in regard to the medicine he had taken, he said he obtained it eighteen months since in the city of New York, for calomel and jalap, put it into his trunk (where it had remained till the evening before he took it), went a voyage to Europe, and had lately returned to his native place. For a few days past, he had been suffering with pain in his head—a complaint he was subject to, and for which he procured this powder. This he took in molasses, at the time above stated. He remarked that the powder was of a yellow color, and in quantity about a teaspoonful. None of the powder could be obtained from the paper, spoon, or vessels into which the evacuations had been received.

Laudanum, wine and brandy were given internally, and friction and dry heat applied externally. Whites of eggs, lime water, &c. were ordered to be given ; but all without any material benefit. Cramps and coldness of extremities increased, vision failed, voice faltered, throat became dry, tongue swollen, annoyed by hiccoughs, delirium, and at last death ensued, which took place at 3 o'clock in the morning of the 5th, making twenty-five hours from the time the medicine was taken. Permission to examine the body after death could not be obtained ; therefore the character of the medicine he took must be inferred from the symptoms of the case, which accord well with those symptoms stated by the best authors as following an over-dose of arsenic. Mr. D. had the same symptoms that two other persons presented who took arsenic, as they confessed while living, and whose bodies were examined after death. His case resembled theirs so closely, from its commencement to its termination, that there was not any doubt in my mind that death was produced by the same cause. T.

CÆSAREAN OPERATION.

A BRIEF notice of this operation, performed by Professor Gibson, of Philadelphia, was given on the 211th page of our last volume. The following particulars of the operation are from the Professor's recent edition of the Institutes and Practice of Surgery.

" A firm table was selected, and covered with a mattress and sheets, the patient placed upon it, on her back, and her pelvis and shoulders supported by pillows. In presence of Dr. Nancrede, Profes. Dewees, Dr. Dove, of Richmond, Professor Horner, Dr. Beattie, Dr. William Coxe, Dr. Theodore Dewees, and my son, Charles Bell Gibson, I made an incision, at the centre of the linea alba, commencing about an inch below the umbilicus, through the integuments, and extending nearly to the pubes. To save the patient pain, and to prevent this first, or perpendicular cut, from penetrating too deeply, I requested Dr. Horner to fold up the skin with his fingers, and while thus held I passed the knife through it with its back towards the abdomen. The superficial fascia being exposed was divided, then the tendons of the abdominal muscles, next the peritoneum, and lastly the body of the uterus, all to the extent of six inches. The uterus, however, at this stage of the operation, was not cut entirely through, but a line or two in thickness of the interior of its walls left, with the view of drawing off the waters before I opened the womb, penetrated the membranes and exposed the child. At my request, Dr. Nancrede introduced a finger into the os uteri and endeavored to rupture the membranes, but could not succeed. A similar attempt was made by Dr. Beattie, which also failed. Having resumed the knife, the remaining fibres of the uterus were divided, the membranes exposed, and cautiously opened by running Cooper's bistoury for strangulated hernia, upwards and downwards, to the extent of six inches, while Dr. Horner held closely together the sides of the wound, to prevent protrusion of the intestines and the escape of any portion of the waters into the bag of the peritoneum.

" There was a right lateral obliquity of the uterus, and the position of the child found to correspond with the third breech presentation of Baudelocque. Dr. Beattie then introduced his hand, and drew out the feet, while Dr. Nancrede supported the hips and back, and removed the body, and lastly, the head of the child, from the womb. It proved a girl of large size, and apparently healthy. For some seconds, however, it did not breathe, and, indeed, not until friction on the chest, blowing into the mouth, and the introduction of a few drops of brandy, were resorted to. The cord being cut, the child was removed, and in a short time cried lustily. Whilst Dr. Horner still kept the sides of the wound together, Dr. Beattie extracted without difficulty the placenta and membranes, and at the same time pushed a finger from the interior of the uterus through the os tincæ, to make a free communication with the vagina. During these manipulations, two portions of intestine, each the size of a pigeon's egg, protruded on the right side of the uterus, and near the upper corner of the wound. They were readily kept back, however, and did not again protrude; nor did any fluid, so far as could be observed, find its way into the peritoneal bag. No hæmorrhage took place from the removal of the placenta, nor was it necessary to secure a single vessel with the ligature. There was a visible contraction of the womb, after the removal of its contents, and the incision in it had sensibly shortened in the course of a few seconds.

"My attention was next drawn towards the closure of the wound. With great care, and the utmost nicety, the edges of the peritoneum, muscles, and integuments were held together by assistants, while I passed, successively, three stout silk ligatures, in form of interrupted suture, through the integuments—avoiding the peritoneum and muscles—an inch and a half from each other, and supported the whole by adhesive straps, lint, a compress and roller around the abdomen. To give vent to any secretion of serum or pus, the lower angle of the wound was left open for the space of half an inch. The patient was then raised very carefully by several assistants, and laid in bed upon her back, and great pains taken to render her position as comfortable as possible, and to prevent the slightest movement. There was less difficulty in this respect than could have been anticipated, arising partly from the little pain, comparatively, during the operation, the natural firmness and equanimity of the patient, and her faithful reliance upon Providence for a happy issue out of her affliction. Under the cheering influence of such feelings, she slept soundly for several hours, and did not change her position in the slightest degree.

"By Drs. Nancrede, Beattie and myself, she was visited, for a week or ten days, three times a day; was kept entirely on barley water, during that time, under the influence of an occasional opiate at night, took now and then small doses of magnesia, or used enemata; had her diet gradually increased; on the twenty-fifth day after the operation was enabled to sit up,—the wound, with the exception of a single spot, the size of a pea, being entirely cicatrized—and finally recovered, and now enjoys, together with her child, perfect health."

CASE OF MONSTROSITY.

The following case is related by Dr. C. J. Blackburn, of Woodford Co. Ky. in the last No. of the Transylvania Med. Journal.

Mrs. Sullivan, of this county, was taken in labor on Sunday, the 19th of Sept. eight months, she supposed, after conception. The liquor amnii was evacuated; the pains continued until the 21st. I saw her that day, at nine o'clock, and upon examination found that the hands presented. These being returned, and the feet brought down, I attempted delivery, but finding that the child did not progress, I made another examination, and then discovered that there were four feet presenting. I tried to return two of the legs, but found it impracticable. It occurred to me at this moment that there must be a union of the children, which on examination I found to be the fact. In this state of things, nothing was left but to bring down both children at the same time, and thus accomplish the delivery. It was effected in the following manner:—The patient being placed on the lap of an assistant, with her feet resting on the rounds of two chairs; taking hold of all the feet and waiting for a pain, which soon came on, I very easily delivered all but the heads of the children, one of which pressed the pubis, the other the sacrum. These being turned, one opposite the right, and the other the left, acetabulum, I experienced no difficulty in completing the delivery.

At birth one of the children was alive—the other in a state of asphyxia, in which it remained about an hour, but vitality commenced at the point of union, and progressed slowly, until it had extended half way up the body. The child then began to gape, and in a short time the circulation became general. On inspecting the connection between the children, I found it, as nearly as can be described, as follows: The backs were united obliquely, commencing at the os sacrum, and extending down to the coccyx. The right nates of the right child, and the left of the left, formed a complete buttock, resembling the nates of an infant. Between these was the anus, common to both, and immediately beyond this, the pudendæ of each united, the labiæ being incomplete, inasmuch as they formed but one for each child. The mons veneris, clitoris, &c. were complete, as also the nymphæ, and the urethra, each vagina being imperforate. The innominatæ were united at the sacrum, which was larger than natural, and common to both children. The umbilical cord started single from the placenta, but in about thirteen inches bifurcated, and sent a branch to each child. One branch was nine, the other seven inches long, from the bifurcation, the longest supplying the most vigorous child. At the point of separation, the arteries of each cord divided, as did also the veins.

At the age of three weeks, the children were vigorous—each crying, sleeping, eating, and moving independently of the other. They died of dysentery, the most vigorous about five minutes before the other, having also been affected three or four days earlier. Near the time of their death, they were both similarly affected.

Upon dissection after death, the osseous union was found to commence at the superior portion of the sacrum, extending to the inferior extremity of the coccyx. The cavity of the pelvis of each, was separated by the peritonæum of each, which formed two laminæ or folds. I passed a probe in a direct line with the umbilicus, and met with no obstruction except these folds of the peritonæum, which were about the eighth of an inch apart.

But for the disease which carried them off, having no connection with their deformity, these children might have survived, presenting the world with a more remarkable *lusus naturæ* than that which has excited so deep an interest in the Siamese Twins.

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PRACTICAL PHRENOLOGY.

Some weeks ago, notice was given in this Journal of the forthcoming of a treatise, with the above title, by Silas Jones. The work is since published, and exhibits satisfactory evidence of the author's minute acquaintance with a subject to which all the energy of his inquiring mind has been devoted. Though a multitude of writers have of late enlisted under the banners of this comparatively new and captivating science, they have not all been equally successful in proselyting their readers. The persecution which they have received was never more ineffectually employed to limit the extension of any doctrine ; it has rather stimulated, than retarded, the onward and steady march of phrenology. Ridicule is certainly a potent weapon, and is sometimes the most certain means of subduing even the influence of philosophical truth. The combined efforts of opposers, both in Europe and America, from the day that Dr. Gall announced to the world his novel discovery that the brain, instead of being a single organ, was in reality a congeries of them, by which the characteristic powers of the soul are manifested, have aimed to make this the subject of endless abuse, merriment and vituperation. Such, too, to a considerable extent, has been the destiny, till of late, of all his followers. When Harvey first broached the doctrine of the circulation of the blood, he was assailed by a host of grave, argumentative opponents, who saw nothing in his pretended discovery but gross deception. In admitting that some of his assertions were facts, they could foresee no possible benefit arising from the overthrow of the old, respectable theory, that the blood ran out from the heart during the day and returned again at night. In the general excitement—for the whole profession seems to have been alarmed by a simultaneous panic—the ideas of a double heart and the two circulations were decided to be altogether speculations : it was all ingenious theory, but of no possible service in illustrating either the phenomena of disease or difficult points in physiology. Nothing, in their apprehension, equalled, in beauty and simplicity, the venerable manner of disposing of the blood by squeezing it through the partition between the two ventricles or auricles, as circumstances might require. The lungs, too, were bellows, admirably constructed for blowing a cooling current of air, that the temperature of the body might never rise to an uncomfortable heat. But no power which the antagonists of that great philosopher could wield, succeeded in smothering in embryo the revolution which was effected by his persevering efforts ; and to the end of time, the transcendant brilliancy of Harvey's genius will continue to shine with undiminished splendor.

Such, in a good degree, has been the unabated zeal of those who have no accurate knowledge of phrenology. Without any examination into the improved method of dissecting the brain which Drs. Gall and Spurzheim taught, it is sufficient, in the estimation of many violent adversaries, that the cerebrum is found in the skull—little caring to investigate the origin or distribution of nerves, of which they have only the limited knowledge to be obtained from the professed treatises on human anatomy.

No desire is intended to be expressed, in these observations, that every body should embrace phrenology as an article of faith, before investigating its claim. Those who most carefully examine what has been actually achieved for minute anatomy by the phrenologists, will be struck with the vast accumulation of important facts developed by their untiring industry. It were needless to multiply words, or cite authorities, to prove what must be generally conceded at this day—viz. that even those who totally disbelieve the current distinguishing features of what may strictly be denominated practical phrenology, are indebted to its advocates for much that they know of the minute structure of the brain.

Mr. Jones's book is well calculated to be popular, as there is nothing intricate in it, or above the comprehension of an ordinary capacity. Those who really wish to be better informed by a systematic course of reading, with reference to settling the question whether they will admit, or not, the pretensions of phrenologists, could not find a more acceptable work. We have been delighted with it ourselves, and we feel that to recommend it to the respectful notice of others is but doing justice to the talents and research of the author.

Smallpox.—The smallpox has been introduced into Needham within a few days, by a traveller from N. York. Several cases of varioloid have appeared in Boston, the past week. The patients were immediately removed to the hospital, and are all doing exceedingly well. With a careful eye to the quality of the virus—having in recollection its age, the day it was taken from the vaccine pustule, and the physical condition of the individual from whom it was taken—all the difficulties arising from modified smallpox might be generally obviated in the beginning, in this climate. Varioloid being equally as dangerous to the public health, as the genuine, fully developed smallpox, physicians are bound to be exceedingly watchful.

Dr. Oliver's Physiology.—Not having been furnished with a copy of this recently published work, we have no means of judging of its merits, and therefore can neither condemn nor recommend it to the attention of the profession. That the author is eminently qualified to prepare an excellent treatise, honorable to himself and useful to the world, is beyond a doubt. Dr. Oliver is favorably known as one of the faculty of the medical department of Dartmouth College, N. H.

Pareira brava in Irritable Bladder.—Dr. F. P. Betton, of Germantown, Pa. recommends, in the Philadelphia Journal, the *Cissampelos pereira*, called by the Spainards *Pareira brava*, in cases of irritable bladder. This remedy was much extolled by Helvetius as a lithotriptic, and was formerly so much esteemed by the Brazilians as to be named by them the Universal Medicine. It has been used successfully by Mr. Brodie. It was given in the following proportion by Dr. B. : one ounce of the root to a quart of water, gently boiled down to one half, of which a wineglassful was taken three times a day.

Mass. General Hospital.—There were no operations on Saturday. We take this opportunity to mention an error into which we were led by the reporter, relative to an operation performed upon a boy's knee, some weeks ago, and which should have been corrected sooner; but hoping for all the particulars to the end of the case, if the patient recovered, the apology has been unfortunately omitted to this late period, without any intention, however, of doing injustice to any one. The condyle, in the case referred to, was not taken out, nor the articulating surface of the lower extremity taken away. A portion of bone above the knee, of the shaft of the femoris, was removed, which was calculated to save the joint. Whenever we can obtain a history of the case, the character and object of the operation will doubtless be more clearly understood.

To Correspondents.—An able article on the abuses of Female Education, is in time for the next Journal.—Cases in Pathological Anatomy have been received, from Dr. Bell, soon to appear—also, from the same author, specimen sheets of "*an attempt to investigate some obscure and undecided doctrines in relation to Smallpox, Varioloid and Vaccination*," which we shall particularly examine as soon as other papers can be disposed of.—"Medical Etiquette," from Worcester County, and "Cases of Puerperal Peritonitis," are also received.

Died—At New York, David Hosack, M.D. F.R.S. aged 66—whose name is familiar to the profession throughout the Union. We shall give a biographical sketch of his life and services at a future day.—In Woodbury, Conn. Dr. Samuel Steele, 55.—In Plymouth, Mass. Dr. Zaccheus Bartlett, aged 70.

Whole number of deaths in Boston for the week ending Dec. 26, 43. Males. 23—Females, 20.

Of measles, 7—dropsy, 2—infantile, 3—lung fever, 9—brain fever, 1—cramp in the stomach, 1—consumption, 4—ulcers, 1—insane, 1—typhous fever, 3—old age, 1—dropsy on the chest, 1—jaundice, 1—intemperance, 1—inflammation of the bowels, 1—croup, 1—teething, 1—throat disemper, 2—pleurisy, 1—inflammation of the throat, 1.

MEDICAL TUITION.

The subscribers have recently made some additional arrangements for the instruction of medical students. A suitable room is provided, as heretofore, for the use of the pupils; the necessary books are supplied, and a systematic course of study is recommended. Personal instruction is given to each pupil in each of the several departments of medical knowledge. Every facility is provided for the cultivation of practical anatomy, which the present improved state of the law permits. This department will receive the constant attention of one of the subscribers, who will always give such aid and instruction as the pupils may need.

The pupils have free admission to the lectures on Anatomy, and on Surgery, in the Medical School of Harvard University, and to all the practice of the Massachusetts General Hospital; and generally they have opportunity to attend private surgical operations.

The terms are, 100 dollars per annum; to be paid in advance.

JOHN C. WARREN,
GEORGE HAYWARD,
ENOCH HALE,
J. M. WARREN.

Boston, October, 1835. Oct 28—6tcop

VACCINE VIRUS.

Physicians in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar.* Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

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CASES IN PATHOLOGICAL ANATOMY.

BY LUTHER V. BELL, M.D. DERRY, N.H.

[Communicated for the Boston Medical and Surgical Journal.]

I. Feb. 10, 1835.—The writer was invited to make an autopsic examination of a child, aged eight months, which had been under the care of Dr. Hovey, of Atkinson, N. H. The history of the case, as detailed by the attending physician and family, was this :—the infant, nearly or quite constantly since birth, had exhibited an unnatural state of the bowels ;—the alvine evacuations being in small quantity, of unusually fluid consistence, and occasionally consisting of a mucous discharge only ; the action of purgatives was uniformly attended with severe distress, and very little effect. The disposition of the child to receive nourishment was natural, and its appearance strong and healthy, until the invasion of the symptoms which terminated in death. These symptoms continued about ten days, and simulated those of hydrocephalus acutus so closely as to induce Dr. H., a judicious practitioner, to refer them to the head as the probable seat of the disease. They in fact coincided so generally with those accompanying this disease, that a recapitulation is unnecessary, with the addition of an intestinal hæmorrhage of four or five ounces, just prior to dissolution.

On examination, thirty hours after death, the vestiges of derangement within the encephalon were found to be a considerable venous engorgement of the meninges, a few drachms of serous fluid within the cavity of the ventricles, and a slight effusion beneath the tunica arachnoides. On opening into the abdomen, there appeared at first sight a total absence of large intestine. On further examination, however, the whole cœcum and colon were found to be intus-suscepted within the rectum, and so impacted within it that the entire length of large intestine comprised a space of only six to seven inches in length. On attempting to withdraw the included portion by traction upon the ileum, it was found impossible to effect a disengagement without laceration. The rectum was then slit up, and adhesions were found scattered both where the serous membrane of the ileum was in contact with that covering the large intestine, and also where the mucous linings of the large intestines were adjacent—which last circumstance, the adhesion of mucous surfaces from inflammation, will be recollected as a rare pathological fact ;—the whole exhibited appearances of long-continued and high inflammatory action, with a morbid thickening of the large intestine, to the extent of from one to four lines, or even more about the caput coli, and covered with a muco-purulent secretion similar to that which had been evacuated from birth. The ileo-colic valve rested just within the sphincter ani; indeed, we subsequently learned that the displacement had been visible externally on an attempt being made to administer an enema. The lower portion of the ileum was found filled with fluid fæces, and another intus-susception of two inches in length in the jejunum, which was readily disengaged.

The morbid displacement in this instance, though by no means unique, was carried to a greater extent than in most of the analogous cases on record. A parallel one is detailed by Dr. Harlan, of Philadelphia, in which "a part of the ileum, the whole of the cœcum, and a portion of the colon, were received into the remaining portion of the colon, and the çœcum protruded from the rectum; and, what is worthy of notice, adhesions had formed within the involuted portions, so that the connections could not be separated without laceration." In this case, water was found in the ventricles of the brain.

These and similar cases are pathologically interesting, as exhibiting the connection between irritations within the alimentary canal and symptoms developed in the encephalon. In the case we have detailed, this irritation resulted in that too frequent disease, *pseudo-hydrocephalus*, the characters of which are so often unexpectedly revealed by post-mortem research; while in others, complicated perhaps with a more intense grade of inflammatory action, actual hydrocephalic disease may be produced. Such instances, in which the intus-susceptio is evidently of longer standing than the encephalic symptoms, may throw some light on the causation of hydrocephalus; for in these, however the fact may be in others, the abdominal derangement is manifestly a cause, and not a consequence. They also illustrate that principle in pathology, condensed in the CXXVI. Proposition of Broussais, although by no means novel or original in him: viz. Every acute suffering, either in consequence of the inflammation of an organ, or proceeding from the stimulation of the branch of a nerve, or from a moral cause, engorges the brain, and tends to develope inflammation in its substance, in the pia mater and in the arachnoides.

II. During the last winter, I made a post-mortem examination of a rare case of uterine disease in a patient, by the name of Clough, who had been under the care of Dr. Tewksbury, of Hampstead, N. H. since 1829. The female in whom it occurred was about 35 years of age, and unmarried. From the account I received, it would appear that her prominent symptoms were those of digestive derangement. There were few or no symptoms of uterine affection, and she had continued to menstruate, until within two months of her death. On external inspection of the abdomen, two hard tumors, apparently of ovoid form, and three to five inches in their longest diameter, could be traced, one in the umbilical and the other in the right hypochondriac region. A general prominence and unyielding hardness of the lower portion of the abdomen was evident.

On laying open the abdominal parietes, an immense tumor presented itself, apparently filling the whole cavity, covered with a highly injected peritoneal membrane. This tumor proved to be the uterus, and was removed by cutting through its natural ligaments and the vagina, a few trifling adhesions only existing. The generally pyriform outline of the healthy uterus was preserved accurately in this mass;—from its upper and right sides, the two tumors which were apparent externally, were attached each by a pedicle about half an inch in diameter, traversed by a nutrient artery the size of a crow-quill ; these tumors weighed, the one three quarters of a pound, and the other a pound and a half. On cutting into the three masses, they were all found to be of the same white, semi-cartilaginous structure, resembling ordinary scirrhus ; cutting before the knife like a hard, raw turnip. The principal mass comprised the entire walls of the uterus, not changing its texture or character until it reached the lining mucous membrane. The thickness varied from one to four inches ; being thinnest on its anterior surface, which was slit up by introducing a director into the os tincæ, exposing the cervix of the uterus, which was not less than seven inches in length, and the cavity which was of the normal size. The lining membrane of the uterus was healthy and natural in appearance, as were also the ovaria, fallopian tubes and other appendages. The entire weight of the morbid structure was a few ounces less than ten avoirdupois pounds. Well developed chronic gastro-enteritic inflammation was presented on opening into the stomach and small intestines.

The most remarkable and pathologically curious circumstance in relation to this case, was the unimpaired condition of the menstrual function ; and, as far as a single fact goes, the conclusion deducible is, that integrity of the uterine mucous membrane is alone essential to this secretion, without reference to the parietes of the organ, which, we have seen, were merged throughout in the scirrhoid structure.

III.—Mrs. J. A., aged about 27, while nursing her third child, was seized with a severe lancinating pain about the middle of the sterno-mastoid muscle of the right side, which returned occasionally for a few days, and finally became fixed. A swelling next commenced over the mastoid process, which extended to the parotid region, the gland becoming tense and painful on pressure ;—a purulent discharge from the ear of the same side was present, to which she had been more or less subject from childhood. She experienced the most intense anguish through the base of the cranium, for the relief of which she had gradually taken enormous quantities of opium. Poultices were applied to the parotid to favor the expected suppuration, but without effect.

I saw her for the first time on the tenth week from the commencement of these symptoms, and was at first inclined to believe, from the agonizing character of her pain, that it was of a neuralgic kind, and probably induced by the pressure of the distended gland. The first curative indication attempted was to bring her general health into better condition, it having become much deranged, in part from the excessive use of the narcotic. In a day or two, however, after I had commenced attendance, there suddenly supervened a most severe inflammation of the eyelids of both eyes and the textures surrounding the eyeballs, protruding them to a most frightful extent. The eyelids were so distended by effused fluid, that they could not be separated so as to permit an examination of the eyes themselves, until by copious bleeding from the temporal artery, scarifications, leeches, vesication, &c. the inflammation was subdued. It then appeared that the inflammation was external to the globe of the eyes entirely, but the sight of the right eye was totally extinguished ; the organ being amaurotic, and the pupil having lost its contractility, remaining so ever afterward. The internal pain was now changed over to the left side of the head, then to the back of the neck, but never remitted for a moment. She gradually declined and succumbed on the fourth week of my attendance ; *her reason remaining unimpaired* till within a few hours previous to her death, losing her speech about forty-eight hours, and becoming paralytic on the right side about thirty-six hours, before that event.

I made the autopsy about 20 hours after death. On cutting through the scalp and applying the saw to separate the skull-cap, the point of the instrument dropped through a hole, formed by caries, in the temporal bone, about half an inch above the meatus auditorius ; this opening was about two inches in diameter, nearly circular, and filled with many irregular fragments of carious bone. The membranes of the brain were found healthy, and that organ in a state of demonstrable perfection, far greater than I ever witnessed, being so hard and distinct as to allow an exact display of those minuter parts which are so rarely witnessed as almost to raise a doubt as to the accuracy of the delineations. The soft commissures, the peduncles of the pineal gland, the septum lucidum and fossa sylvii, &c. were as definitely exhibited as in the plates of Vicq d'Azyr, with which they were in progress compared. A considerable quantity of yellow, well-formed pus was found forced into the brain at its forward part and on its left side, the optic nerve of that side posterior to the decussation being surrounded by it. The basis of the brain beneath the membranes was also covered with pus, the whole amount of this fluid being about an ounce. On removing the brain, the extent of caries of the temporal bone could be traced ; this included, beside the opening before described, the entire disease of the petrous portion, which was absorbed in part, and filled with pus. The pathological phenomena of interest in this case are,

1. The fact of so much disease in the proximity of the brain, contiguous to its membranes and no doubt destroying the functions of the eye by pressure, existing, without any intellectual aberration.

2. The verification of the anatomical fact of the crossing of the optic nerves, the pressure presumed to have produced amaurosis of the right eye, being beneath the optic nerve of the left side.

3. The pain never having been referred to any part above the ear, whilst such considerable devastation was found in that region. It is probable, too, that some pressure must have been made on this spot, where the brain was only covered by the scalp, a thin layer of the temporal muscle, some bony spiculæ, and its membranes, as the point at which arteriotomy was performed was less than an inch anterior to this opening.

December, 1835.

CLINICAL LECTURES OF M. LUGOL ON SCROFULOUS DISEASES.

DELIVERED AT THE HOSPITAL OF SAINT LOUIS. REPORTED BY M. BARTHEZ. LECTURE III.

TRANSLATED BY J. CHICKERING, M.D. BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

As some inaccuracies have occurred in our previous report, we shall correct them in a few words of the analysis. M. Lugol will successively treat of five species of scrofula, to which may be referred the great variety of cases of this disease. These five species are the following:— 1. Tuberculous Scrofula. 2. Catarrhal Scrofula. 3. Cutaneous Scrofula. 4. Cellular and adipose Scrofula. 5. Osseous Scrofula.

I.—The tuberculous scrofula is the most common. It may almost be said that all scrofulous cases are tuberculous in some respects: the exceptions are very rare. The production of tubercles is always the seal of scrofula. If you have doubts whether a person has scrofula, these doubts will be removed when you find tubercles in any part of the body. Further, tubercles may invade almost every tissue of the body, as the brain, the lungs, the viscera, the membranes, the bloodvessels and the blood itself.

II.—The catarrhal scrofula, or that of the mucous membranes, presents numerous varieties: the mucous system in all its extent may be at once or successively affected; or it may be only in part affected, as in scrofulous ophthalmia, otitis, angina, and leucorrhœa. But all these affections are of the same nature, and support each other. Thus, ophthalmia, angina, and leucorrhœa, not only may exist together, but they succeed each other as long as the scrofulous virus remains.

Among the scrofulous cases of the mucous membrane, must be ranked worms which are generated in consequence of the catarrhal state of the mucous membrane of the digestive tube, similar to ophthalmia; this remarkable state is a frequent indication of scrofula, perhaps as frequent as scrofulous ophthalmia, and often exists without intestinal worms; its diagnosis is important, because it alone indicates the particular mode of treatment.

III.—The cutaneous scrofula shows itself in several forms:

1. Hypertrophy and induration of certain parts, which, when they are seated in the face, give it a peculiar aspect, called by authors the *scrofulous face*; this is a loose and indefinite expression, for many scrofulous cases are without it. The scrofulous face exists when the disease is seated in the face.

2. We must rank in the cutaneous species, the growth of lice, which multiply in such numbers on some children, that no care can prevent it. They are not found on strong and healthy children. Put lice on such a child, and they will not thrive; it is only on poor, sickly, or scrofulous children, that they are found. This kind of scrofula may even prevent the development of a worse kind of the disease. M. Lugol has often seen ophthalmia and cervical tubercles succeed the disappearance of vermin from the hairy surface of the body, or rather these last take a new form of scrofula.

3. Sometimes the skin of scrofulous patients is dry and chapped, and has the appearance of lichen, or is greasy and moist. These two opposite

effects, when referred to their cause, may be considered as signs of the scrofulous disease.

4. Chilblains. Most of those who have had in infancy, numerous, tedious, and obstinate chilblains, are scrofulous. It is not too much to consider two out of three persons, thus affected, as scrofulous.

5. The skin ulcerates and becomes red sometimes to a considerable extent, which brings on one of the most troublesome and obstinate forms of cutaneous scrofula. We must not confound these ulcers with the fistulas and ulcerations which are the consequences of caries and tubercles; for in these cases, the skin is altered gradually. These two kinds of ulceration are sometimes confluent, but they are generally separate.

6. Esthiomenos. This form is the most frequent : it is generally confined to the skin ; but it now and then attacks subjacent parts, and particularly the bones in those cases where scrofula is decidedly of a syphilitic origin.

IV.—The cellular and adipose scrofula often consists in an excessive development and growth of these tissues. This cellular hypertrophy, usually soft and flabby, is generally accompanied with a fine and white skin, constituting that particular beauty which is not a good omen. The opposite state is also observed ; that is, the atrophy of the cellular and adipose tissues. M. Lugol has seen these two opposite extremes in the same family. It is not rare to see two scrofulous sisters, the one presenting an excessive plumpness of which we are speaking, and the other in whom the development of all the cellular tissues is checked, and consequently in whom there is a leanness which is of a scrofulous character.

V.—The scrofula of the bones appears at the most tender age :

1. Tardy and tedious dentition, accompanied with spasms, not unfrequently arises from this unfortunate predisposition ; the scrofulous child has not strength to push forward the teeth, and this is badly done, or the child sinks under the effort.

2. A second form is a distortion of the bones. Scrofulous persons are often rickety ; may it not be that all scrofulous persons are rickety ?

3. Ought we not to include in this species the accidents connected with the fever of the growth, though such fever belongs more to the whole abnormal economy than to the osseous system in particular ? This fever is one of the greatest interest ; it is a trying epoch, which decides the fate of scrofulous children ; the elements of the disease and those of health seem to be struggling against each other, and the struggle, sometimes critical, gives a happy impulse to puberty ; but, oftener, it is obstinate, and then brings on scrofulous maladies, and stops the growth, and the child always remains sickly.

4. Hypertrophy and caries of the bones, which include a great many species, according to the seat, but they all have a common relation to this point, that the history of all scrofulous white swellings is nearly the same as that of the caries of a phalanx.

These different forms of scrofula present characters always the same, whatever be the seat of the disease. But a very remarkable fact is, that one of these forms rarely exists alone ; or rather the disease has at once two or more maladies, or they very closely succeed each other. Thus, one scrofulous patient is at one time affected with esthiomenos and tubercles; another will have ophthalmia and tubercles; a third, caries and cutaneous scrofula; a fourth unites three or four forms of the same disease: these complications are met with much more frequently than the simple forms of scrofula. On the contrary, among other diseases, we see esthiomenos succeeding ophthalmia, and then itself gives place to caries or tubercles. M. Lugol has shown us numerous cases of all these varieties of scrofula taking place simultaneously or successively. What must be our conclusion from this? That all these diseases are of the same nature, and arise from the same cause. There are not many species of scrofulous diseases—they are only varieties in the seat and form of a disease which is always the same—which always affects the whole individual, a consideration of the greatest importance in therapeutics. After treating of the resemblance of scrofulous diseases, in order to point out their differences, M. Lugol showed us particular cases in which were exhibited all these varieties found in the same individual.

Such is a sketch of the clinical lectures of M. Lugol on scrofulous diseases. The patients have furnished examples of all the species and most of the varieties whose nosological names he mentioned. In the lectures which will follow, scrofulous patients will serve still to show the particular history of the species and varieties, of which M. Lugol will treat, after first giving a history of the cases.

We shall next give the ideas of M. Lugol on this subject, and it will be seen to what extent it is true, as we said at the beginning, that he has found the materials for his clinical lectures in his own experience.

REMARKS ON DR. BELL'S PRIZE ESSAY.

[Concluded from page 332.]

"The view of the relations between body and mind, their varied connections with, and reactions upon each other, presents a field of research extended, and promising the richest and most interesting results to the philosophical inquirer,—*a field, as yet, little explored*," says Dr. Bell. This is the Doctor's mistake. It has been fully and faithfully explored in all its length and breadth. I hope it will not be considered vaunting if I say that I have mainly devoted more than twenty years of my life, most assiduously, to researches of this kind; and I do not believe that there is a nook or corner of the field, of which the Doctor speaks, which I have not accurately surveyed; and I am confident that no one is qualified to give an opinion on the dietetic character of man, till he has carefully and honestly and fully explored this field. The physiological and psychological evidence in relation to the natural dietetic character of man, is full and conclusive: but this cannot be accurately apprehended and appreciated by any one who has not made himself thoroughly acquainted with all that can be ascertained concerning "the relations between body and mind, their varied connections with, and reactions upon each other;" and if I shall be permitted to present to Dr. Bell and others the results of my labors, in print, as I hope to, ere long, they will find that, instead of "*Utopian dreaming*" or wasting my time in exploring Cyclopœdias and musty libraries to learn what others have thought and said, I have been laboriously engaged in severe scientific researches and original investigations; and that instead of basing my opinions on the experience of "a few dyspeptics," I have founded them on rigidly ascertained scientific principles. I say not these things boastingly, but in frankness, to show medical gentlemen that I am neither a fanciful speculator nor "Utopian dreamer," as Dr. Bell sarcastically insinuates.

But it may be asked why I do not meet Dr. Bell with argument, and show my strength in my reasoning, rather than spend my time in making these proclamations. I reply that, on points which derive their support from popular ignorance and error, it is an easy task to make out an argument which shall be considered strong and conclusive, by the multitude, when the evidence by which that argument is sustained is drawn from the ignorance and error and prejudice, and depraved appetites, of that very multitude. But to reason down the false positions of that argument, in such a manner as to produce conviction in the minds of the multitude, it is necessary that the scope of our reasoning should be such as to dispel the ignorance, and correct the error, and overcome the prejudices, and subdue the passions of that multitude: and this is no easy task, though we possess the whole of nature's armory of truth. In my extended course of lectures, I have condensed my argument on the important question before us, as much as is possible in the nature of the case, without weakening it by want of completeness. Were I, therefore, to undertake to reason the question here, and do justice to it, I could do little less than to publish in this Journal my whole course of lectures. This, of course, cannot be done. And, gentlemen of the medical fraternity of New England, I do honestly assure you that I do not make my appearance on this occasion and in this manner because I have any fears of the effects of Dr. Bell's Dissertation on my individual reputation or interest; but I do it because I have a fervent love of the truth—a deep and sincere respect for your *profession* as a most important function in the social system, and a cordial regard for the people of "my own, my native land," and a desire to benefit the whole human family. Gentlemen, as surely as mankind continue to exist upon the face of the earth, there will, within ten years from this time, be a mighty revolution of opinion on the question before us; and scientific men, as a body, will be convinced that, though man may, in many circumstances, do very well on a mixed diet of vegetable and animal substances, and, in some possible circumstances, may find it necessary to partake of flesh, yet, as a general rule, in all circumstances and situations, where man can have his choice of aliment, a well-regulated vegetable and water diet is most eminently adapted to sustain the highest and best physiological and psychological interests of human nature, in every respect. Gentlemen, in the religious world, we know it is always true that, when, on any occasion, a reformation takes place in consequence of a great increase of light, if the priesthood do not keep in advance of the people and lead them on with a rapidity equal to the energy of the spirit of inquiry that is awakened, and thus secure and deserve their respect and confidence, the people will cast off that priesthood with contempt and indignation, as an intolerable impediment to the progress of truth and virtue :—and thus will it inevitably be with the medical fraternity if they do not advance in the science of their profession, with sufficient rapidity to keep a-head of the inquisitive and scrutinizing spirit of the times. It is in vain for them to attempt to repress that spirit by the voice of professional authority. The time has gone by when the paltry legerdemain of the schools could be practised on the credulity of the people, as the indubitable evidence of marvellous wisdom ; and the physician must now throw away every vestment of disguise, which whilom was considered as essential to the dignity of his profession, and present himself in naked honesty and candor before a rational and intelligent public, and secure the confidence of his fellow creatures by convincing them, as rational beings, that he deserves it, or he will be compelled, whatever may be the insignia of office which he may be able to display, to take his stand and compete with that class of men who batten on the ignorance and credulity of others.

Gentlemen, "am I therefore your enemy because I tell you the truth ?" I know you will not so regard me. It is the honor of your profession I seek ; and I am sure you will pardon my zeal and my boldness, for the love that you yourselves bear to that profession. Society must have an enlightened and elevated medical profession, capable of instructing and directing the active and energetic mind of the present day, in all that relates to the true science of human life, or it must be scourged with every species of quackery and imposition ; and who, that has one drop of the milk of human kindness in his breast, can contemplate for a moment the fearful extent of the present system of quackery and drugging, and not shudder to his inmost soul with unutterable horror at the work of death which he sees going on around him ? And how shall this terrible havoc be arrested, while the people continue to become the voluntary victims ? By no means possible, save by the diffusion of the light of the knowledge of truth. And whence shall this light emanate and radiate to dispel the darkness of ignorance with which mankind are cursed ? Surely it must come from a truly enlightened and elevated medical profession—a profession which seeks to gain no power from the mock-solemnity of mystery, and to borrow no dignity from the antique drapery of an official costume, but commends itself to the understanding which it enlightens, by the light which it imparts.

Dr. Bell finds himself compelled to give up the anatomical argument so long and so fondly contended for by the advocates for man's carnivorous character, and, with at least some show of candor, acknowledges that those who "have been determined to make man an omnivorous animal by the rules of natural science, seem rather to have jumped to their conclusion than to have arrived at it by legitimate induction." But having made this acknowledgment, he immediately makes a real Sam Patch jump himself, in company with Baron Cuvier, and comes plump into the bottomless conclusion, that though man is not *naturally* organized to feed on flesh, yet he is fitted for animal food *prepared by his reason.* A most reasonable manner, this, of doing an unreasonable thing ! I wish to treat Dr. Bell with respect, but I cannot possibly *feel* any respect for such grave trifling, in the form of scientific reasoning, even though it come from Baron Cuvier, endorsed by Dr. McMurtrie, of Philadelphia, and Dr. Bell, of Derry. And I am bold to affirm, that no profound physiologist living, after having given special attention to the subject before us, could seriously advance such a proposition ; for the statement itself evinces either an entire want of honesty, or an entire ignorance of the true physiological principles involved. But the truth is, that with all the *pretensions* of the present day, the veriest smattering in physiological science is incomparably more prevalent, even among professional men, than profound attainments. Indeed, some who are set apart for the instruction of others in this exceedingly important branch of medical education, are found capable of writing and publishing a tissue of reasoning which would have done no credit to the days of medical astrology ; and it should be an instructing, as well as mortifying consideration, that some of the most important facts of a physiological, pathological, and therapeutic nature, of our own time, have rather been forced upon our conviction by the great experiment of the temperance reform, than anticipated and apprehended by scientific sagacity.

I have already said that Dr. Bell's sneers and sarcasms about " our modern Pythagoreans," are wholly unworthy of himself and deserve no reply from me. They prove either that he wanted a correct knowledge of our opinions, or that he wanted candor to state them accurately. In the same manner, he quotes the trash of Mr. Lawrence about the " few hundreds of Europeans holding in subjection the millions of vegetable eaters "—" the carnivorous Romans," &c. which, so far as the true principles involved in the question under consideration are considered, are entire falsehoods ; evidently stated in sheer ignorance, or culpable carelessness, or dishonesty, by Mr. Lawrence and the hundreds who have echoed him.

In bringing forward the case of his Wild Bill, or Mississippi Orson, Dr. Bell is truly unfortunate. Had he correctly perceived the real physiological and psychological bearing of this case, on the question in dispute, he would have seen that its whole force is against himself and in our favor. I thank Dr. Bell for this admirable counterpart to Caspar Hauser. The Doctor's " Oriental tyrants " are as little to his purpose. —" Facts incorrectly apprehended only serve to strengthen error." The Doctor may be honest in this reasoning, but he is very weak ; his facts have no real relation to the principles he aims to establish.

The Doctor is also exceedingly mistaken when he supposes that we who contend that " man *has* a *natural food*," have overlooked, in our researches on diet, the importance of *quantity* as well as kind. There is no point that I have from the beginning insisted upon more than this ; and I am glad to say that, with a single exception, Dr. Bell's remarks on *quantity* are just and valuable. When he says—" It is hardly necessary to observe that there can be little probability, perhaps scarce a possibility, of injury being done to the system by plethoric repletion, if the aliment be confined wholly to vegetable substances," he falls into one of his greatest and most dangerous errors. Indeed there is not, in his whole dissertation, so objectionable a sentence as this—because this is, more than any other, calculated to lead to evil consequences. For the good of the laboring people of New England, then, Dr. Bell will permit me to say, that one of the greatest evils connected with a pure vegetable diet, is *excess in quantity.* I can solemnly say, that in an experiment on hundreds of the human family, of both sexes, and of all ages, circumstances and conditions, for five years past, the principal source of evil resulting from a pure vegetable diet, has been *excess in quantity.* In fact, the danger on this point is rather increased than diminished by abstaining from flesh-meat, and, for the most obvious reason ;—flesh, like ardent spirit, increases the general action of the vital machinery, by which itself is worked through, and eliminated from the vital domain, much more rapidly than vegetable food ; and hence the dangers in a hard laboring man, arising from excess in flesh-eating, are more from an over action and rapid expenditure of the physiological powers of the system, and a general tendency to inflammatory disease, than from sheer nemiety or over-fullness ; and hence, also, the hard laboring man is longer and better sustained by two pounds of good wheaten bread, than by eight pounds of the best butcher's meat. This I know to be true, both from science and experience. All other things being equal, the laboring man who subsists entirely on a well-chosen diet of vegetable food and pure water, can with ease perform one-eighth more labor in a year, than the man who partakes freely of flesh-meat. This has been extensively demonstrated by experiment. As a general statement, also, the vegetable eater will be able to continue at hard labor, from ten to twenty years longer in life, than the flesh-eater.

There is one more error into which Dr. Bell has fallen, that I consider of too much importance to be passed by unnoticed in this place. He concludes, on the whole, that the dietetic habits of the good people of New England are just about what they should be. But if the Doctor, before writing his prize dissertation, instead of ransacking Cyclopœdias and other volumes of printed matter, had done as I have done for many years—gone extensively among the laboring people—upon their farms—into their workshops, &c. and carefully observed, and diligently inquired, and honestly sought after truth rather than to support any theory or hypothesis, he would certainly have been led to a different conclusion. There is probably no climate on the face of the globe much more favorable to health and long life than that of New England ; and no people whose social, civil and religious institutions are better adapted to human welfare than ours. Yet, as a general statement, it is notoriously true that our farmers begin to complain of failing health, and of the symptoms of a breaking down constitution, at about the age of forty, and very few of them indeed reach a hundred years of life. These evils they universally attribute to hard labor. But this imputation is wrong. Not one in a thousand of our laboring people in New England works so hard but that he might, for all that, attain to a hundred years. The truth is, errors in *quantity* and *quality* of food are the principal causes of this early breaking down ; and errors in quantity are not the smallest. The probability is, that the New England people, generally, eat about twice as much food as is compatible with sound and permanent health and long life. But errors in quantity are by no means the only dietetic faults amongst us ; almost every word that Dr. Bell has quoted from Volney is strictly true, and ought to be committed to memory by every American. Dr. Bell is himself very sound in his remarks on quantity, mastication, times of eating, &c. &c. though he quotes the physiological absurdity of Dr. Beaumont concerning the *quantity* of the gastric juice. Dr. Beaumont has *not* proved conclusively that the gastric fluid ceases to be secreted beyond a certain limit, nor can he prove any such thing; for it is not true—and Dr. Beaumont contradicts himself half a dozen times in his statements on this very point. Dr. Bell ought to be too much of a physiologist to place any confidence in such a notion.

Dr. Bell talks quite too loosely about tea and coffee; he speaks as if it were a mere matter of opinion whether they are really deleterious substances or not, and repeats the thread-bare notion of egregious smatterers, that it may be the hot water which does the mischief. Heat certainly acts on living bodies as a stimulus, and, when powerful, increases vital exhaustion, and produces indirect debility, and diminishes the functional power of the digestive and other organs; and hot food and drinks are unquestionably much less favorable to uniform health than cold food and drink. But both tea and coffee are intrinsically and powerfully poisonous to the living tissues of the human body—and no man can deny it without evincing either his ignorance or want of honesty on this subject.

Yet, after all the fault that I have found with Dr. Bell's Prize Dissertation, it certainly contains much that is correct and valuable; and on the main point, it clearly shows that the less flesh the laboring people of New England eat, the better it will be for them; for, as the Doctor truly says, in those days agone, when our forefathers ate least flesh and were most simple in their diet, they were healthiest and strongest. In short, had Dr. Bell, of Derry, in all cases presented correctly apprehended facts and sound reasoning, instead of sneer and sarcasm, his dissertation would have been quite as good as can reasonably be expected from a young physician of the present day. S. GRAHAM.

Boston, December 30, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 6, 1836.

"LET THE DEAF HEAR."*

WITH the kindest intentions, doubtless, the author has sent to the Boston Medical and Surgical Journal a pamphlet of twenty-two octavo pages, with a formidable title, which is copied below. Preceding a flourish of trumpets in the Preface, is this imperative command—"Let the deaf hear"—which reminds one of the authoritative tone of those who drove the dead-carts through the depopulated streets of London in the time of the great plague—"Bring out your dead," and echo repeated the melancholy mandate—"Bring out your dead;" but the winds give no audible response to the distinguished aurist of Philadelphia. Dr. Togno is evidently possessed of an uncommon share of self-esteem; and this is inferred from the spirit that glows in every line of his statistical report, from alpha to omega. He talks in the prerogative language of kings and editors, and says WE as boldly as though the Ear Infirmary at No. 98 Locust Street was under the sovereign control of the congress of Kalisch. The manner in which the whole pamphlet is executed, is calculated to defeat the intentions of the writer, because it is evident, on the very face of it, that instead of being the positive outpourings of philanthropy, it is nothing more nor less than a bait to lure customers. The good man is a perfect fanatic on the subject of human ears. Upon ordinary topics, his sanity would not be questioned ; but the idea in abstract of the quiet monotony of the deaf, rouses the lion from his lair, and in the majesty of strength he exhibits a monomaniacal fervor. In his Introductory he says—

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* Annual Medical Statistical Report of Dr. J. Togno's Infirmary for the cure of Deafness, from 1834 to 1835. "To prejudge other men's notions before we have looked into them, is not to show their darkness, but to put out our own eyes."—*Locke.* By J. Togno, M.D., Un. Penn., Member of the Philadelphia Med. Society and of the Philadelphia College of Physicians. "Let the deaf hear." Philadelphia, 1835.

" 'Let the deaf hear,' " is our motto, and to bring it to pass shall be the daily labor of our life ; such is our determination, till we close this worldly career, and if it may be any inducement to stimulate others to follow our example, by cultivating this neglected branch of the healing art, let it then be even inscribed on our humble tomb—" Let the deaf hear."

With the close of each paragraph, he appears to feel conscious of accumulating power, which in the wildness of his imaginings will hereafter lift him above the region occupied by ordinary physicians, on whom he already looks with pitying eyes. At the present rate of self-elevation, the next annual Togno Report bids fair to assume the dictatorial independence of the inventor of the medical pump, who determined at the outset to force himself into notoriety, and thus addressed the faculty—

> " I'll mount my horse, by Jove I will—
> I'll silence all your petty skill,
> And show the world that real merit
> Shall all redound to men of spirit."

From this air of boasting, which it requires no second sight to discover, and which is unbecoming a man of scientific attainments, people of common understanding must certainly be unfavorably impressed with this performance.

It is due to the public that the name of every individual whose initial letters are inserted in the tabular spaces, should be given in extenso. It is a matter of grave importance to the community if Dr. Togno can accomplish all the wonderful operations on the auditory and vocal apparatus which he asserts that he has performed. He is a stranger :—it is no insult, therefore, to demand corroborative testimony from those mutes who are now said to speak. " Let the deaf hear," says he ; let them publish to the world, too, the benefits they have derived from his magic touch, and our skepticism will give way to a swelling tide of admiration.

If the institution wherein such notable business is transacted—where the deaf and the dumb are said to be taught to articulate their mother tongue—possesses such transcendant claims upon the inhabitants of the United States, it is passing strange that all that is known of it should have been promulgated through this Jonah-gourd of a pamphlet.

When empiricism shields itself under the cloak of regular fellowship with those who are bound by the laws of honor to sustain the dignity of the medical profession, it is extremely mortifying ; and the man who deliberately demeans himself and degrades the order to which he may have been admitted, deserves pointed reprobation, even though enveloped in collegiate parchments.

Perhaps we have devoted more attention to this report than it deserves; but we should have been guilty of a dereliction from duty had we neglected to caution the unfortunate not to be imposed upon by the specious pretensions to which we have alluded.

SUPERSULPHATE AND SUPERACETATE OF IRON.

Several cases are related by Dr. J. P. Buckland, of London, in which these remedies, in solution, were administered to advantage. The first was a case of periodical return of neuralgic faciei, which had existed for three months. Small doses of the solution of the supersulphate were commenced with, but gradually increased to half a drachm three times a day, which effected a cure within a month. These large doses, however, produced some unpleasant effects on the general health, and the author has not since given it in larger doses than ten minims three times a day. In several cases of leucorrhœa, this solution was given with decided good effect. In a case of night perspiration arising from general debility, this symptom was entirely removed in ten days after commencing the use of the remedy, and was not followed by a relapse. A person affected for two years with paruria mellita, received benefit from this preparation in a month after using ten minims three times a day, and in six months was nearly cured. Dr. B. states that the medicinal properties of the solution of the superacetate of iron are similar to those of the supersulphate, but the former is pleasanter to the taste, and is readily taken by children when mixed with syrup and water. He recommends it in mesenteric diseases, and in weak chlorotic patients.

CLOT-BEY.

This eminent surgeon, who has incontestably proved himself to be an extraordinary man since the day on which the Pacha of Egypt took him into his service, but who would have been consigned to humble village obscurity had he remained in France, has just been raised to the rank of *General*, in addition to that of Chief Physician, Bey, and other titles of distinction and profit. "You have aided us," said his highness, the Pacha, "in a battle the more dreadful, that it lasted for six months (alluding to the visitation of the plague). I congratulate you on your escape from danger, and shall not fail to reward the courage and humanity of which you have given such noble proofs, during the trying circumstances we have just witnessed." Medical men are invariably prized and paid by barbarians. The beginning of professional distinction is generally among strangers. So true is it, that a prophet is nothing in his own country.

Lithotripsy in America.—Dr. Randolph, of Philadelphia, as we learn by the American Journal, has performed the operation of lithotripsy (or grinding of the stone in the bladder) in twelve cases, and in all with entire success. In one case, the subject of which was 57 years old, and had suffered from urinary calculus for the last nine years, the stone was crushed and the fragments apparently entirely removed after introducing the instrument three times in the course of a few weeks. With regard to the pain of this operation, about which so much has been written both by its defenders and opposers, this patient stated that it was "nothing compared to what he often suffered from the spasms of the bladder."

A Question.—The editor of the U. S. Medical and Surgical Journal asks—"Will the editor of the Boston Medical and Surgical Journal be so good as to inform us what they do with a physician when he shows himself to be otherwise than a gentleman?" *Answer.*—Nothing at all—total neglect being the severest of all punishments for medical infractions.

Alcohol in the Veins.—In the eleventh volume of this Journal information was solicited respecting the possibility of alcohol being found in the ventricles of the brain, which was answered by reference to a well-authenticated case in which a fluid that smelt of whiskey and burnt with a blue flame was taken from the brain of a drunkard who died in a fit of intoxication. A fact of no less interest has lately been made known in the eastern papers. It appears that a drunkard, in South Berwick, Me. who had been for several days in a state of beastly intoxication, was bled from the arm, and the blood immediately touched with a flame of fire. It ignited, and emitted a bluish flame for the space of twenty-five or thirty minutes. This is the substance of the experiment, which is considered no less interesting to the physiologist than important to the full understanding of the effects of alcohol on the human constitution. If anything further in regard to the experiment would be of interest to the profession, we trust that the medical gentleman who certifies to having witnessed it, will not fail to furnish us with the particulars.

Evidences of Christianity.—Dr. Coit, of Lexington, Ky. is about commencing a course of lectures on this very elevated subject, to the medical, law, and theological students, of that place. Medical men, who discover no evidences of design in the mechanism of animated beings, should never be trusted to prescribe medicine.

Carbonic Acid Gas in Dysmenorrhœa.—Professor Mofin, at Genoa, has employed for many years, fumigations of carbonic acid gas to relieve the pain of menstruation, and also in cases of amenorrhœa to produce the menstrual discharge. He considers this gas as a powerful depressant or antiphlogistic. The mode of applying the remedy is, to take a bottle of Wolfe's apparatus, containing some pulverized carbonate of lime : to one mouth is adapted a funnel, through which diluted sulphuric acid drops gradually on the marble : to the other mouth a gum elastic tube is fitted, which, when the carbonic acid gas begins to be liberated, is introduced into the vagina. These fumigations are generally used twice a day. He has employed this remedy for many years, and derived more benefit from it than from any other course of practice.

Bull. Gen. de Therapeutique.—U. S. Med. and Surg. Journ.

Osteo-Sarcoma removed.—M. Lisfranc has removed from the lower jaw an enormous osteo-sarcoma, with success. The anterior part and right side of the pharynx were dissected off from the tumor, for an extent of at least three inches. Half of the bone was disarticulated in this formidable operation.—*Gaz. Med.—Ibid.*

Chloride of Soda and Lime.—Dr. Dor, who has used the chlorides of soda and lime very frequently, in typhoid fevers, at the Hotel Dieu, of Marseilles, asserts, that at an advanced period of the disease they have an indisputably happy action, which in every case shows itself within 24 hours. But if given on the first appearance of the symptoms, the fever is not at all arrested in its progress. Carefully given, they always or almost always modify the aspect of the symptoms ; to such a point has his observation confirmed this view, that he looks upon the chloride of soda as almost a specific. It is only to be given for two days consecutively; diluents are then to supersede it; and after an interval of 48 hours it may be resumed.—*Ibid.*

Annals of Phrenology.—No. 3, of the second volume, for November, lies upon our table. It was not in season, however, for being analyzed the present week.

To Correspondents.—Several communications intended for this No. of the Journal are excluded by want of room. We have received the Report on Diseases of the Eye, and remarks on Hair-cutting, which will soon be inserted.

Died—In Putnam, Ohio, Dr. Samuel G. Dawson, late of Virginia.

Whole number of deaths in Boston for the week ending Jan. 1, 33. Males, 17—Females, 16.

Of lung fever, 3—teething, 1—consumption, 4—erysipelas, 1—inflammation of the lungs, 2—infantile, 4—ulcerated sore throat, 1—throat disemper, 1—dropsy on the brain, 1—accidental, 2—inflammation of the bowels, 2—cancer, 1—intemperance, 1—measles, 3—childbed, 2—croup, 2—hooping cough, 1—typhous fever, 1.

SCHOOL OF MEDICINE, AT WOODSTOCK, VERMONT,

CONNECTED WITH MIDDLEBURY COLLEGE.

(*Incorporated by the Legislature of Vermont, October,* 1835, *with the power of conferring Degrees.*)

The Annual Course of Lectures, at this Institution, will commence on the second Thursday (10th day) of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by H. H. Childs, M.D.
Physiology and Surgery, by Willard Parker, M.D.
Chemistry and Materia Medica, by David Palmer, M D.
Anatomy, by Robert Watts, Jr. M.D.
Medical Jurisprudence, by Norman Williams, A.M.
Demonstrations in Anatomy, by Otis Perham.

The usual number of Lectures will be *five*, daily—besides the Demonstrations in Anatomy and occasional evening examinations. Considerable additions are now making to the Chemical Apparatus; and opportunities will be furnished to students for *practical* Anatomy, arrangements for that purpose having been made last year in the city of New York. ☞ *No subject for dissection will be received from any person, or on any terms.*

Fees for the course—$45. Graduation—$18. For those who have attended two courses, but do not graduate—$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Pierce, Esq. Treasurer of the Institution. Board is usually furnished at from $1,50 to $2,00 per week, including room, wood, lights, and washing.

Students are requested to come provided with two or more standard works on each of the above designated branches of study. The term will commence with Lectures on Anatomy, Chemistry, Physiology, Surgery and Materia Medica. Degrees will be conferred at the close of the Lecture Term.

Examinations will be conducted by the Medical Faculty, in presence of a delegation from the College, and a Committee appointed by the Justices of the Supreme Court, pursuant to the provisions of the act of incorporation. Requisites to an examination are, that the student produce satisfactory testimonials of moral character, and of his having studied three years with a regular practitioner; that he shall have attended two courses of public Lectures, one of which must have been at this institution; and that he shall have attained the age of 21 years. By order of the Board of Trustees,

6t E. HUTCHINSON, *Secretary.*

MEDICAL SCHOOL OF MAINE.

The Medical Lectures at Bowdoin College will commence on *Monday*, the 22d day of February, 1836.

Anatomy and Surgery, by Jedidiah Cobb, M.D.
Theory and Practice of Physic, by William Perry, M.D.
Obstetrics and Medical Jurisprudence, by James McKeen, M.D.
Chemistry and Materia Medica, by Parker Cleaveland, M.D.

The *Anatomical Cabinet* and the *Library* are annually increasing.

Every person, becoming a member of this Institution, is required *previously* to present *satisfactory* evidence that he possesses a good moral character.

The amount of fees for the Lectures is $50. The Lectures continue three months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September. N18—5teop

Brunswick, November, 1835. P. CLEAVELAND, *Secretary.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid.* J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price $3,00 a year in advance, $3,50 after three months, and $4,00 if not paid within the year.—Every seventh copy, *gratis.*—Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

VOL. XIII.] Wednesday, January 13, 1836. [NO. 23.

PHYSICAL AND MORAL EVILS OF THE PRESENT SYSTEM OF FEMALE EDUCATION IN THE UNITED STATES.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—It was a remark made by Spurzheim, that in no country which he had visited, had he seen the women look so pale, languid and feeble, as in this, and he attributed it to the small amount of exercise which they had. When he made this remark, he referred particularly to those who resided in the cities of Boston and New York. He had at this time had but little opportunity to extend his observation into the interior. I think we can all attest to the truth of the observation. I heard an eminent physician say, in one of his lectures, a few years since, that the inhabitants of Boston would soon become mentally and physically an imbecile race, unless the young men selected their wives from the country, for, so far as his observation extended, three fourths of the young ladies in the higher circles of society had curvature of the spine, or some other chronic disease, which would make them invalids for life. No one would doubt that the Doctor has had an abundant field for observation, or would be inclined to question his veracity, were his name announced.

I think the observation of every man will convince him that there is something radically wrong in the present system of education among young ladies. Their physical condition does not receive from parents or teachers that consideration which it deserves. It is in early life, while they are under the watchful eye of their parents and teachers, that the seeds of those diseases are sown, which are to make them ever after miserable. It is while young that their constitutions are invigorated and strengthened, or weakened and destroyed. What is the course pursued by many parents in this city, in educating their daughters ? They are sent to school when they are three or four years old, confined there for hours together in one position, and when they are released for the day, instead of being allowed to play like the boys, they must return home and be confined to a warm nursery till the time again arrives for them to go to school. This is the course for a few years, and during this period they have very little time for relaxation. By and by their forms begin to be developed—they are getting to be young ladies, that is, 9 or 10 years of age ;—their mothers begin to think of their future appearance in the world ; their forms must receive some attention, their skins must be kept fair. and they must learn a little French, Latin, Music, Astronomy, Natural Philosophy, Natural History, and a variety of other important sciences—and all at once—for at 14 or 15 they must finish their education and be brought out.

Accordingly their bodies are encased in whalebone, their faces are veiled if they venture into the open air, and their heads crowded with such a variety of studies that it is impossible for them to understand any of them. I do not think this an over-drawn picture. At any rate it is drawn from facts which, if not very common, have come under my own observation. If such a course as this does not destroy both the physical and mental powers of all who come under its discipline, it is because they are both originally strong. It must at least relax and weaken the most robust body and vigorous intellect. My opinion is, that no man or woman can have a calm and powerful intellect, capable of effecting great things, who has not a sound body. In fact I will go farther, and say that I do not believe that a man or woman is capable of conducting the ordinary concerns of life, or of managing a family, who has not a sound body. What are the physical effects produced by a want of exercise in the open air—by long confinement to a school room—by ill-ventilated sleeping rooms, tight lacing, and over mental excitement? They are a morbid growth of the body, a narrow, contracted chest, flaccid muscles, curvature of the spine, indigestion, a torpid state of the intestines, a precocious development of the sexual organs, nervous irritability, and the development of tubercles. Any one of these difficulties is enough to excite the imagination, sour the temper, vitiate the taste, distort the judgment, and destroy the happiness of the naturally best child in existence. It may be said that parents desire to have their daughters beautiful, healthy, and accomplished. This is unquestionably true, and yet they take the very means to make them the opposite. Now this must be the result of ignorance—or else their ideas of beauty and intelligence consist in a pale face, a languid and sickly body, and a distorted mind. If it arises from ignorance, they should be enlightened; if from false ideas of beauty and intelligence, their taste should be changed.

I think that there are five great faults in the present system of educating young ladies. 1. They are sent to school too young. 2. They are not allowed to take sufficient active exercise in the open air. 3. They are compelled to study too many hours in a day. 4. They engage in too many studies at one time. 5. They finish their education too young—or, in other words, they are introduced into society at a time when they are best fitted for study. The idea of sending a child, two, three, or even four years of age, to school, where it is confined in a close, heated and impure atmosphere, for four or six hours in a day, and this the year round, is indeed ridiculous. If children are sent to school at that age for three months, and are then allowed a vacation of three months, as children in the country are, perhaps their constitutions would not suffer. This desire of having learned children, exhibits a kind of vanity which is to me extremely painful, for it leads to sickness and distress.

We may sometimes obtain correct ideas of the taste and wisdom of parents, in the education of their children, by observing the management of those schools which are the most popular. I will call your attention to the regulation of a young ladies' boarding school in this vicinity, which has acquired a great reputation. In fact, such has been its popularity, that they could not take all the young ladies that have applied. It will be seen that exercise does not enter into the requirements. Rise at 5 in the morning, wash, and prepare their rooms. Breakfast at 6. After breakfast, get their lessons. Go to the school room at 8—remain there till 12. Dine at 1-2 past 12. After dinner, get their lessons. Go to school at 2—remain there till 5. From 5 to 7, they can do what they choose: some of them take short walks, arm in arm; but most of them remain in their rooms. At 7, commence study again. At 9, retire.—I will leave you to judge of the ruinous consequences of such a discipline. A celebrated physician says—I lately visited, in a large town, a boarding school containing forty girls, and learnt, on accurate inquiry, that there was not one of the girls, who had been at the school two years, that was not more or less crooked. His patient was in this predicament, and all her companions were pallid, sallow, and listless. This school was very popular, and the lady who had charge of it was considered by the fashionable as possessing all the higher qualifications of a teacher. I could give other examples which would go still farther to prove that parents in general have no just ideas of the importance of exercise. For if they had, they would never patronize those schools where it was entirely neglected—where, in fact, it was not one of the requirements. Young ladies are required to study too many hours in a day. Six hours in a day of close study are enough for any one. One can learn as much in that time, if her mind is engaged, as she can in ten hours. I do not mean by this that young ladies should confine themselves for six successive hours to close and unremitting study, for I do not believe that any young person should study more than an hour, or at most two, without taking a little exercise either in the house or in the open air. The mind requires frequent relaxation, as much as the muscles do. The arm cannot be held in one position more than a few moments without fatiguing the muscles that are brought into exercise; but by a moment's relaxation, that position can be resumed.

Dr. Beddoes, an experienced English physician, says that children should never be confined to their books more than an hour at a time, and that those children within his knowledge that had not been confined longer than this at once, made the most rapid progress in their studies, felt the deepest interest in their books, and retained their acquisitions more firmly than those who were confined for several hours.

Young ladies engage in too many studies at one time. It is not an unfrequent occurrence for a young lady to engage in five or six different branches of science at once. It is a common, and I think a true saying, that a "jack at all trades is good at none;" and I feel sure that a young lady who recites in French, Latin, Geography, Natural Philosophy, and Music, every day, cannot understand what she learns. It appears to me to be the perfection of education to learn to concentrate all the powers and faculties of the mind upon one subject, until that is perfectly understood. If a young lady commences the study of Natural Philosophy, and pursues it to the exclusion of all other studies, she not only retains what she learns, but she reflects upon the facts which she has collected, during her hours of relaxation—and in a short time her whole soul will be engaged in it. If I wished to travel to New York, and went as far as Dedham the first day, then turned and went to Cambridge the next, and to Nahant the third, I might possibly know something of those places, but there would be a poor prospect of my ever arriving at New York. So if I wish to obtain a perfect knowledge of any one science, and study that one hour in a day, then engage in the study of other sciences not connected with the one in which I wish to perfect myself, I may know something of all these sciences when my time for study has expired, but I shall not have accomplished my object. Let a young lady commence her studies, and confine herself to one, or at most to two, books at one time, and if she does not finish her education too early in life, she will have laid up a vast fund of knowledge, a fund from which she can ever after draw the richest draughts of enjoyment.

But ladies finish their education too early in life. In England, young ladies do not finish their education till they are twenty years of age, or more—and they are not introduced into society till this time. The consequence is, that they are generally well educated. But in this country, young ladies are considered educated and marriageable as soon as they have passed the age of puberty. It is impossible, therefore, that they should be well educated, for they have not the time, and their judgments are not sufficiently matured to understand all they should learn. I consider this forcing young ladies into society, a most baneful practice. It is fraught with the greatest danger. For example—a young lady, fifteen or sixteen years old, is introduced into society. She is beautiful, and perhaps rich. She is immediately surrounded by admirers, and all her ideas are absorbed in one. To obtain a husband, is now her object—study is at an end—her judgment is not matured—and she forms her opinions of gentlemen by their external appearance. She certainly runs the risk of being deceived ; but if she is not—if she succeeds in obtaining a good husband, she is ill prepared to take charge of a family or to make him happy.

I should like to pursue this inquiry still farther, but have had time only to throw together these few loose ideas. I cannot, however, leave it without calling attention to a young ladies' school in this city, really deserving of notice. The young ladies board with the teacher, with whom they are upon the most familiar terms. They rise at 6, and attend prayers. Breakfast at 1-4 before 7. They then go to their own rooms, make their beds and prepare their wardrobes. After they have done this, they are required to take exercise in the open air for half an hour or more, not, however, without an object, for they are generally required to go and see some object of charity, or visit some curiosity. At 9, the classes are called together. They have no exercise which requires them to sit in one position more than half an hour. At 12, they have some exercise in the house. At 1-2 past 1, dress for dinner and dine at 2. At 3, they have a lesson in music, needle-work or drawing. From 1-2 past 4 to 6, take exercise in the open air. Tea at 6. From 1-2 past 6 till 8, study. Now take a little exercise about the house. From this time till 9, some one of them takes a book and reads, while the rest sit round the table and work. Retire at 1-4 before 10. They are not allowed to attend parties or balls. Their food is of the most simple kind. They are never allowed a fire in their rooms, and they are required to sleep with the door of their sleeping rooms open. They sleep on hair matresses, and hair pillows. This school has been in operation four years. During the whole time, the average number of scholars has been fifteen. There has been only one case during this period, that required the attendance of a physician. There has been no case of diseased spine. Several have come there in feeble health, and improved while under its discipline. P.

Boston, *December*, 1835.

DR. WORKMAN'S REPLY TO DR. HEYWOOD.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the communication published in the Journal of November 4th, under the head of "Vexatious Consultations," it was expressly stated, at the outset, that the object of the article was to call the attention of the profession to the subject of medical police consultations, as one deserving their consideration. I had had it in mind for some time before, to call up this matter, hoping that some one or more gentlemen, competent to the task, might be induced, by the importance of the subject, and the glaring abuses of privilege often practised, to exhibit to the profession some well-digested code of conventional rules of conduct, which should prove effectual in correcting those abuses. A case was related, as a convenient introduction to the remarks that were to follow, after the *manner* and *form* of a *supposed* case. From the doubt implied in your remark preceding it, sir, I am induced to believe that you considered it in this light. And, as in the history of the case no names were given, only the material facts and circumstances necessary to make out a case being stated, it might have passed off as such, if Dr Heywood had not seen fit to come forward and take the responsibility upon his own shoulders, by acknowledging himself the gentleman represented as the consulting physician. Perhaps he might have had some compunctions on reading the communication, which his conscience would not allow him to conceal.

In my remarks, however, which followed the case, no personal allusion was made to any individual, or to which any gentleman, in the habit of respecting the rights of his brethren, could take exception. They were general in the broadest sense of the term, relating to a discussion of the subject in all its bearings, in relation to the conduct of the "*counselled*," as well as of the "*counsellor*." The Doctor agrees with me "that it is an important subject and ought to be better understood." Perhaps I ought to consider myself fortunate to have his approbation on one point. But instead of discussing the matter as one of general interest to the profession, and with a view to the development of some general principles, upon which might be founded practical rules of conduct, the gentleman immediately narrows it down to a mere personal affair, and proceeds to argue his own cause.

I am well aware, Mr. Editor, that a personal contest in relation to the rights of individuals in a single case, can be of little interest to your readers, and perhaps productive of less practical benefit to the public; but as the Doctor's "*errata*," is so essentially *in errore*, I feel compelled, not only from a sense of duty to myself, but in justice to him, to analyze his paper, in order to exhibit the *raw material* of which it is fabricated, that the public may be able to correct any *in*correct conclusions they may have drawn from it.

The Doctor soon begins to exhibit his temperament, for in the very first paragraph he lets off a sly inuendo at some poor " *counselled* " gentleman, for neglecting to carry into effect "a particular course of treatment " to which he had agreed " in consultation ; " and further, for retaining a patient, whom he may have been " requested to visit by his unsuspecting brother, during his temporary absence—after his return and contrary to his wishes." At whose vitals the Doctor aimed this arrow, is best known to himself. Never having been guilty of the iniquity here imputed, I have no reason to suppose that I was his target ; I can assure him, therefore, that it fell harmless at my feet.

He proceeds, " in the first place," to inquire, " who was in fact the attending physician ? " — and settles this inquiry as follows. " The messenger called at my house, I being absent. He, on his return, saw Dr. Workman, and without any direction from the parents of the boy, called him in." Here we have a direct and unequivocal statement from the Doctor ; a treasure of rather rare occurrence in his writings. But he " has made a *slight* variation " from the truth in this statement, which, I trust, he will be obliged to me for correcting. When the boy was brought home, the father directed a messenger to go with all possible speed for the Doctor. The messenger inquired—what Doctor ? The father says, go for the Doctor that has been attending at uncle Jonathan's —meaning his brother, who lived a few rods distant. And as I had, a short time previously, been attending to a badly lacerated wound at uncle Jonathan's, the messenger, supposing I was the Doctor intended to be called, came directly to my office and requested me to go in great haste; and I accordingly went. I have this statement both from the father and messenger ; though their feelings evidently incline them to make it as favorable to Dr. Heywood as the truth will allow. For the remainder of the circumstances, I happen to know them myself. When counsel was proposed, as stated in my former paper, it became a question who should be called. The father says, Dr. Green is considered the greatest surgeon here—I should like to have him called to advise with you (I think these were his very words), and inquired if it would be agreeable to me. I answered—" have your choice—I have no objection to any one." Accordingly the same messenger was despatched for Dr. Green. The father, however, called to him as he was going out of the door, and said, " *If Dr. Green is not at home*, go across the street and ask Dr. Heywood to come." He presently returned, and reported that he found neither of those gentlemen at home. Dr. Green, he was informed, had gone away some distance, and was not expected soon to return ; Dr. Heywood had gone to the red mills, about a mile below, and was expected every *moment* to return. He left word for Dr. H. to come. The father then said he would go himself and find Dr. H. as he was the nearest, and, turning to me, requested the privilege of taking my horse and carriage, as there was no other handy. I told him he might take them, but, as the other gentlemen were absent, *he* had better go directly to the Hospital and get Dr. Woodward. Soon after, Dr. Heywood arrived, and in about ten or fifteen minutes more, Drs. Woodward and Chandler. With this statement of facts and circumstances, the truth of which, I think, the Doctor will not undertake to deny, when he has made suitable inquiries, I leave your readers to decide who was *first* called, and consequently "in such possession of the case as to entitle him to the appellation of attending physician." The Doctor says, "he was followed to his carriage, and requested by the father of the lad to take charge of the case." That Dr. H. is a much older, and consequently more experienced, physician than myself, I admit. Considering this fact, and that he has always practised in town; that I had only been a few months here, and was unknown to the parent, except as I had been attending in the neighborhood; and that it was well understood by him, at the time, that there was a difference of opinion as to the diagnosis of the case; and under the agitation of his mind caused by the sufferings of his child, it is not at all surprising that he should have chosen to have Dr. H. continue his attendance. But I ask, what was the proper course for the Doctor to pursue under the circumstances? Perhaps "most physicians" would have said, sir, I will attend with the other gentleman as often as you desire. The father stated to me at *the time*, as remarked in my former article, that Dr. Heywood *proposed* to come again. He says *now*, that it was his choice to have him continue his attendance, but he is unwilling either to admit or deny to me that the Doctor *first made* the proposition after they went out of doors. I have no doubt myself that the fact was as he stated at the time. But that he said to Dr. Heywood, "he did not intend I should have anything further to do with it," because "I did not appear to understand the case," the father now flatly denies. His denial of a most important clause of the Doctor's quotation of his words, may leave, at least, some reasonable doubt as to the correctness of the remainder.

The Doctor, in his last paragraph, makes a most dreadful thrust at my obtuseness of apprehension in not taking the hint to make my escape when a consultation was proposed. He says I "was not permitted to do anything for the boy without advice, which, to most physicians, would have been a diagnostic symptom that their services were not particularly acceptable, and would induce them to withdraw the first convenient opportunity, without waiting for more explicit information." On this point of professional etiquette, I confess my ignorance. I beg pardon, Mr. Editor, for making so long a quotation. But it contains a piece of information in regard to the etiquette of the "*counselled*," which is entirely new to me, and for which I am greatly obliged to the Doctor. And I doubt not my junior brethren will unite with me, in expressing their gratitude for such a precious morsel of instruction from so wise a master. Gentlemen, take to your heels "the first convenient opportunity," for you may know your "services are not particularly acceptable," if you are ever so unfortunate as to have a consultation proposed.

The Doctor accuses me of giving a different "diagnosis at the time" from that contained in my communication; and is particular to note in the margin, "for the truth of this statement, I have the certificates of both the other medical gentlemen present." Now I ask Dr. Heywood why he did not publish those certificates. He went twice to the Hospital to obtain them. The first time, Dr. Woodward (probably considering his case a desperate one) advised him not to write. At the second visit he demanded certificates with a view to publication. I ask, again, why he did not publish them? and not exhibit his meanness by referring to them in this manner. Sir, I can tell you the reason. Those certificates showed the "ignorance concealed" of the gentleman, as well as the very important "impression" to which he has alluded. Those medical gentlemen were not sufficiently subservient to his wishes; they had the magnanimity to tell *the whole truth.* I invite the Doctor to publish the certificates, assuring him that I shall never deny any fact certified by those gentlemen: their motives as well as veracity are beyond suspicion.

The gentleman very facetiously makes several attempts to show my want of discernment. When, says he, "the correctness of that opinion was questioned, and a suggestion that the coracoid process might be broken by the head of the humerus being driven violently against it, he mistakes the effort to ascertain that circumstance, for an effort at reducing it." At reducing what? But let us look, for a moment, at "the little attending circumstances," which doubtless "escaped the Doctor's notice." When Dr. Heywood took the arm, and *before a word had been said by me* about the diagnosis, he pronounced it a "dislocation of the humerus forward," as stated in the history before given. What was his object in the "effort at reducing," I only inferred from the "attending circumstances." He at this moment requested me to take hold of the forearm and make extension; which I did *slightly*, while at the same time he applied his thumbs to the fore part of the humerus near the head, and with a considerable *apparent* "effort" at *something*, bore on till the patient screamed out most lustily; he relaxed, and again renewed, the "effort," but things remained in statu quo. If he intended by this manœuvre, "to ascertain" fracture of the coracoid process, I must certainly acknowledge my ignorance of his object. By the way, the coracoid had not been mentioned at this time. However, he then turns to me, and inquires, what do you find to be the matter with this shoulder? I answered, "sir, examine for yourself." But, he said, if *you* have ascertained the difficulty, you may as well tell me, and save the patient the pain of further examination. I gave him an opinion as to the difficulty; and immediately after, the other medical gentlemen came in, when Dr. Heywood varied his diagnosis, as stated in my former paper. These "little attending circumstances" were very strongly impressed on my mind at the moment, because it was evident that the Doctor, in his acuteness at diagnosis, had mistaken the case, and was giving the patient unnecessary pain. It was my opinion at the time, and is still, that his *main* object was, by some sort of finesse, to produce an impression on the minds of the parents, in order that the result might follow *as* it actually did. The two medical gentlemen present, I have no doubt, will certify to their belief in the same opinion, if Dr. Heywood will take the trouble to apply to them on the subject.

In order to get over the imputation of "ignorance concealed," however, the gentleman goes into a course of reasoning, from "little attending circumstances," all very philosophical, to be sure, to establish "the position in which the boy struck the ground," the direction of the force applied, and consequently the nature of the injury: and having established these points so satisfactorily (to his own apprehension), I am half disposed to let it pass without marring the beauty of his theory. But I fear I should do him injustice. Passing over his philosophy, let us come directly to the very logical conclusion at which he arrives; viz. "that the line of direction of the fall would pass very nearly diagonally between the scapula and clavicle, a little nearer the former than the latter." The "visual organs" of the other medical gentlemen present must have been considerably "deranged," or the Doctor's theory must fall to the ground. According to their vision, the force was received precisely on the anterior point of the small tuberosity (not "on the large tubercle") of the humerus, which point is pretty nearly indicated by "anterior exterior." Those gentlemen have recently examined the shoulder, and noticed the mark spoken of by the Doctor, and according to their "perceptions," the force applied must have driven the head of the humerus nearly directly backwards, as implied in my former communication. And I can assure Dr. H. that he may be furnished with a certificate to this effect, if he will give himself the trouble to apply for it; yea, further, that they have no hesitation in saying that my diagnosis was correct, and the neck of the humerus broken, as I before asserted. The circumstances which led me to give that diagnosis, were the symptoms related in the history of the case, and of the correctness of the indication from these, every reader may judge. Dr. Heywood formed his opinion, it seems, from the "scratches on the face," &c. He does not deny the correctness of my statement of the symptoms in a single particular, neither does he deny that the humerus was broken. He evades the question entirely, and endeavors to raise a dust with his "little circumstances," to obscure the vision of your readers, and then submits the question, "whether there is any natural or physical impossibility in the supposition that the cartilage at the anterior margin of the glenoid cavity might be considerably injured"! Sir, I might submit a thousand questions as irrelevant to the case as this. "But no crepitus, like that produced by a fractured bone, could be detected" by the Doctor, "or either of the two other medical gentlemen present." He must have labored under a singular obliquity of "perception" when he penned this assertion, for the certificates informed him that he admitted *he felt* distinctly the crepitus of fractured bones; and I pledge myself, if he will but ask the favor, those gentlemen will now certify that they did not examine the limb at the time.

The Doctor is "a little puzzled" to comprehend how contraction of the pectoral muscle could displace the *exterior* fragment *forward*. I have only time to say to him, on this point, if he will a little more carefully review his anatomy, I believe the whole mystery will be explained to his satisfaction.

In a note in the margin, the gentleman again draws his long bow and lets fly his arrow, insinuating my total want of experience in the sensations produced by fractured bones, &c. Mr. Editor, I boast not of my experience; if it prove as fallacious a guide to me as it has to Dr. Heywood, I certainly never would name it. If I have been correctly informed, it has deceived him in *other* more important cases than the present. I beg pardon, sir, but the Doctor has set the example.

But "the progress of the cure throws some light" on the case. Why did he not improve the opportunity and determine precisely what "the nature of the injury" was? He had unmolested possession of the case, and every possible facility to do this. It seems the dressings were removed and motion given to the limb on "the fourth day," without pain; "and in twelve days the dressings were all removed," and he could use "it nearly as well as the other." The patient stated, in presence of the medical gentlemen at the Hospital, that he could not use his arm *at all* for about a month after the injury. The parents informed me, that about ten or twelve days after the accident, he thought he felt the bones slip in his shoulder, and would insist upon it for several days that something was out of place; but he gradually got over this sensation, and now does not complain. All these circumstances appear a little unfortunate for the Doctor's *view* of the case, as well as for the accuracy of his judgment in discriminating the "sensations produced in the examinations of fractured and injured limbs."

Enough, I trust, and more than enough, has been said, to establish the positions taken in my former article. But there is one piece of evidence still remaining, which I cannot pass unnoticed, and that is the shoulder itself. In his haste to effect a cure, and blinded by the dogmatism of his theory, he has perpetuated the memorial of his "ignorance concealed." By removing the dressings too soon, the exact apposition of the parts was lost, and they have now become consolidated, leaving an inequality around the head of the bone, which is not only perceptible to vision, but to the touch also. The body of the humerus being a little raised and drawn forward upon the head, is there united—which renders the deformity visible at the first glance. It is so much elevated, that the large tuberosity, upon raising the elbow to a level with the shoulder, instead of playing under the acromion as usual, strikes against that process; and this explains why the lad can now use this arm "*nearly as well as the other.*" He can perform the other movements very well, but he cannot elevate the arm beyond the point above indicated, without at the same time inclining the body to the opposite side, or raising the scapula with it.

Now, in view of all these circumstances, which Dr. Heywood must have had the best opportunity of knowing, why did he not, when he discovered his mistake, act the part of a gentleman and acknowledge it, or keep silent on the subject, and not go to procuring certificates that expose his own mistakes, to hold them up as a scourge over my head? If it had been a question of diagnosis in a case of obscure internal disease, or even whether the case had been smallpox or chickenpox, there might have been some show of reason for cavilling on the subject; but in so plain a case of external injury, it is marvellous indeed that the gentleman's obstinacy should have led him to expose himself in the manner he has done.

Mr. Editor, if the Doctor had met the case fairly, stated facts correctly, and shown me to be in error in the whole or in part, I certainly would have retracted every offensive word. But he has not done this. Instead of meeting my assertions, which were direct and explicit, and, if inaccurate, capable of being refuted directly and explicitly, he has evaded them almost entirely, and endeavored to screen himself by resorting to "little" subterfuges, and pitiful insinuations, and gross misrepresentations of the important facts in the case.

But, sir, it is unnecessary to comment further. I leave for your readers to decide from what quarter the "savor of hyæna" comes.

Worcester, Dec. 31, 1835. WILLIAM WORKMAN.

"TALL OAKS FROM LITTLE ACORNS GROW."

[Communicated for the Boston Medical and Surgical Journal.]

IT is not a little honorable to the profession, that, in all ages, medical men have striven for the good of the race, in opposition to their own pecuniary interest. Loving money, and the blessings money will purchase, as well as any other class of men, they have yet labored to diminish the amount of their own business whenever the good of mankind has been in the opposite scale. Witness the boldness and zeal of the faculty in introducing and promoting vaccination, by which a prolific source of wealth to the profession is instantly dried up. And not boldness and zeal only. To this very day, in this most enlightened age, how many sacrifices of feeling have we not to make—how many ugly obstacles to encounter, in order to induce people to accept this rifler of *our* pockets and protector of *their* health and life. Witness, also, the lecture on lecture, and book on book, that has been written by medical men, to dissuade the fairer proportion of our race from the health-destroying practice of tight-lacing;—and the preachments we are always making about diet, against intemperance, exposure to cold, and numerous other of the chief sources of those diseases which furnish us our daily employment and our daily bread.

Indeed, so numerous are the subjects relating to health that have been again and again presented to and urged on the public attention, that one would imagine the whole story had long ago been told. Not so, Mr. Editor, in my view. The *great* things have indeed been told, but the *little* things have been very unwisely neglected;—things little, I mean, in themselves, but great in their consequences. A few years ago the notice of people was drawn, or rather called, through the medium of your Journal, to the injurious but common custom of covering the mouth with a silk handkerchief when in the open air, and I have reason to believe that those few and unpretending remarks did no little good. It is my desire now to point your attention to a fashion that is almost *universal*, and yet a prolific source of disorder and disease. I allude to the mode of hair-cutting now practised in this country, and, so far as I know, all over the fashionable world.

The objectionable part of this mode is, the cropping short the hair on the back part of the head and neck. In olden time, when wigs were worn, our grandfathers were used to live all the days of their lives;—now, we are fortunate if we live them half out; and these are filled up with suffering and disease. Every anatomist knows that, forth from behind the head, issues that large but most delicate and susceptible organ, the *spinal cord.* It traverses the whole length of the back, and, from every point of it, nerves go out and penetrate and encircle the body. On the integrity of this organ depend the health and vigor of the greater portion of the trunk and extremities; and the certainty with which a vast number of painful but little understood diseases, can be traced to disorder in this "silver cord," has been beautifully and forcibly illustrated in the recent work of Mr. Teale—a work full of practical wisdom, and valuable to every medical practitioner.

Now if any part of the living fabric requires to be guarded against exposure, it is the spinal cord,—especially at the point of its out-coming from the skull. Yet what do we see in the streets of every city and town and village? Amid the chill blasts of winter, we see the head warmly protected by a close hat or a fur cap, and the back well covered by warm and comfortable garments; but this very spot, the back of the head and neck, between the collar and the cap, left exposed to the cold, to the wind and the storm. As if studious to open as widely as possible this broad avenue of disease, the warm covering that a kind and careful Providence had provided for this part, is almost impiously cut short by the universal fashion of the day, and hence come a host of obscure, painful and fatal diseases that were rarely witnessed until this mode of hair-cutting was adopted.

I ask not for the restoration of the venerable wig, though I believe in my heart it was a great promoter of health, but I do entreat the public, as they value health and long life, to abandon this abominable practice, and follow the dictates of science, and the teachings of Nature, who has furnished for this critical portion of the body a warm and abundant covering.

I know but two or three men who have resisted this absurd as well as destructive fashion. One of them is the celebrated Audubon, and another is a distinguished teacher in the vicinity, scarcely less noted than the ornithologist for his safe exposure to all sorts of cold and hardship. Some persons, it is true, wear high and warm collars to their wrappers, but this is a very inadequate substitute for the natural covering. The only security is in a good crop of hair behind the head and neck. Curl it and ornament it as you choose, but allow it to grow long and thick. Away with that great absurdity in fashion—wearing the hair thick on the cap-covered crown, and cropping it short over the part that is most exposed and tender.

Boston, January, 1836.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 13, 1836.

MEDICAL CONTROVERSY.

The reader will notice in the Journal, to-day, an elaborate communication from Dr. Workman, in reply to Dr. Heywood. Chiefly with a view of eliciting the opinions of these talented gentlemen upon the subject of professional etiquette, which is of great importance in this thriving country, every facility has been offered them for freely discussing their grievances, even to the exclusion of other original productions. Presuming their correspondence to be now completed, we shall publish, next week, several valuable communications which cannot, with any sense of propriety, be longer delayed. In future, personal controversies will rarely be admitted into the Journal, unless peculiar circumstances demand, from a full conviction that their tendency is decidedly unfavorable to that harmony which should pervade the medical community.

FIRST LINES OF PHYSIOLOGY.*

When we had occasion, a week or two since, to mention the appearance of Dr. Oliver's system of Physiology, we had not been favored with a sight of the volume. It gives us much pleasure at this time, after having examined the work, to express our favorable opinion of its merits, as a literary and scientific performance. Unfortunately for the reputation of medical writers in this country, they have too generally collected their facts from European sources, regardless of the treasury that might be drawn upon at home. Our physicians, surgeons, and public teachers, are not, we are inclined to believe, by any means inferior to those whose names have become familiar to us through the transatlantic press. Whenever a native author has industriously availed himself of the rich harvest at home, he has usually secured the respect of the learned every where. Certainly few men ever gained more for themselves or their country's fame, in the quiet pursuits of physiological inquiry, than Dr. Rush. The simplicity characterizing the volumes which are to transmit his name with profound respect to succeeding ages, gives them a peculiar charm; whilst the observations embodied by that pioneer of medicine in America, were principally gathered within the circle of his own private practice. Beck's Medical Jurisprudence is another work, in the series of American medical literature, that must command the patronage and approbation of physicians ; and, if we mistake not, the work before us is destined to take rank with them. Dr. Oliver appears to have yielded to the desire of the medical pupils of Dartmouth College, in this publication—which desire certainly reflects credit upon the taste and intelligence of the class. Every chapter carries indubitable evidence of accurate scholarship. The work was expressly designed for the use of students, and it will be found, we think, an important guide for them, the whole—a fair octavo of 520 pages —being a truly valuable treatise on physiology.

A more complete analysis is in course of preparation. We cannot now leave it, however, without recommending the author's physiological labors to the encouragement and sustaining influence of the profession.

TRANSMISSION OF VACCINE VIRUS.

With reference to the best mode of transmitting this invaluable article to distant countries, without having its peculiar properties lost or deteriorated, we now state, for the information of those who may be interested, that charged quills have been sent from this office to Persia, the high northern latitudes, the West and East Indies, the Western Islands, South America, and the remotest sections of our own country, which proved to be unimpaired when opened. Each point, after having been charged and re-charged, several times, is dried in the shade. This is an important circumstance to be recollected, as light is thought to have an influence in destroying its value, or at least to leave it in a condition unfavorable for being kept a long time after. A dossil of carefully-dried, clean cotton wool is then placed in the bottom of a small, thick, flint phial, with a ground stopper, and a layer of quills dropped upon it. Over these is spread a covering of cotton, and so on, alternately, till the phial is full. However much the vessel, carriage, or whatever may be the vehicle of conveyance, is agitated, the elasticity of the cotton prevents any motion of the quills amongst themselves, and consequently the scale is not shaken off or in the least degree disturbed. The glass stopper is thickly and securely covered with sealing wax. If the package is intended for a tropical climate, the entire body of the phial should be coated with the wax, and also receive several coverings of varnished paper. On the voyage, the coolest, driest and darkest part of the vessel should be selected for a place of deposit. If possible, on the day of opening the seal all the quills should be inserted, as exposure to the air, in another climate, a long while after they are charged, might be detrimental. By making arrangements for using the whole at once, if patients can possibly be mustered, fresh virus may most certainly be raised from some one of the whole, on the eighth day following.

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* First Lines of Physiology : designed for the use of Students of Medicine. By Daniel Oliver, M D. Prof. of the Theory and Practice of Physic, &c. in Dartmouth College. Boston—Marsh, Capen & Lyon. 1836.

MEDICAL SCHOOLS OF PHILADELPHIA.

Philadelphia has long been considered in this country as the focus of medical attraction, as Paris is on the continent of Europe. It has been stated this winter that nearly seven hundred students are at present attending the two medical schools in that city. A gentleman from this quarter, well qualified to judge, writes respecting the facilities of dissection—that "for about a month after the commencement of the term, the supply, though large, is not quite equal to the demand; after which, the anatomical zeal begins to decline, and subjects sometimes lay unsought on the tables. On the whole, during the latter part of the course, a person might occupy as much time as he pleased in dissection. The average price of a subject is eight dollars, and a class usually consists of six persons. The dissecting rooms in each of the schools are much better arranged and more comfortable than in the Boston one" [in this we beg to dissent from our correspondent, the Boston school not being inferior, in our opinion, to any in the Union]; "and of the two here, I think that the Jefferson (new) school is the best. But independently of anything else, Dr. Pattison's lectures are alone worth coming for. Dr. McLellan, on Surgery, is a very original genius, and sets at naught all authorities, *as such*, but draws his principles and practice from common sense and observation. By the earnestness and vehemence of his manner, he certainly rivets one's attention. Something of the same manner, though less in degree, characterizes some other of the professors. In short, we have no lectures delivered 'ex cathedra.'" For further information respecting this school, the medical student is referred to the circular, published by the faculty.

Creosote in the Treatment of Acne indurata.—Dr. Elliotson, of the North London Hospital, refers to a severe case of this disease, in a woman who had been afflicted with it for six or seven years, which was cured by the administration of creosote. The patient took twelve or thirteen minims every day for five months, having begun with a drop or two. When the dose had reached eighteen minims, the creosote began to nauseate, and was reduced to twelve or thirteen minims. Tar water was formerly much celebrated for chronic diseases of the skin, and from this circumstance Dr. E. was induced to try the creosote in this instance—it being an old remedy with a new face—and the result was, that the patient's old face received quite a new appearance. In some general remarks on this disease, Dr. Elliotson says it is one in which nothing can ordinarily be done. It is very common with young people when they are becoming adults, and sometimes continues after they have become adults, in both sexes. He has tried mercury, sarsaparilla, &c. but is not aware of having done any good by them. Locally he has applied stimulants with some benefit, night and morning—such as rubbing the face with citrine ointment, &c. When the disease begins with puberty, or just about puberty, it is in general only temporary ; but when it comes on later, it usually becomes a permanent disease.

Mortality in 1835.—The number of deaths the last year in Plymouth, Mass. containing a population of about 5000, was 61. In 1834, the number was 125.—In Hartford, Conn. exclusive of W. Hartford and the almshouse, the number of deaths in 1835 was 180. In 1834, 192.—In Salem, the number was 171, an unusually small number.—In Marblehead, 118.—In Charlestown, 146.—In Warren, R. I. with a population of 2000, the number was only 19. Of these, five were 88 years of age or upwards, one 80, one 75, and three under 21 years.—In Boston, the number was not far from 1900. Population about 78,000.

The Homœopathic Doctrines.—There are three very distinct propositions embraced in homœopathy. 1. That diseases artificially produced cause immediately to cease, radically and permanently, those spontaneous diseases which are analogous to them in character. 2. That the homœopathic remedies have the property of inducing at the will of those who know how to employ them, artificial diseases of a very distinct and determinate character. 3. That remedies are efficacious, although attenuated to a degree which appears impossible (Hahnemann's own words) to vulgar physicians whose minds embrace only gross and material ideas. These propositions comprise the whole of the homœopathic doctrine—a doctrine which, like every other, however wild and ridiculous, is presented by its author as the general expression of results derived from experience.

Rupture of the Tendon of the Rectus Femoris.—A case of this nature, called by some dislocation of the patella downwards, was lately successfully treated in England by Mr. Spong. The patient was placed in bed, in the sitting posture, with the right leg raised considerably higher than the left, and resting on a pillow. Leeches and evaporating lotions subdued the inflammatory symptoms. A bandage from the foot to above the knee was afterwards applied, with a slight compress on the patella. The position was strictly observed for nearly a month, when the union was complete. Three months after the accident, the patient could walk nearly as well as ever.

Medical Miscellany.—There are about two hundred and fifty medical students at the Transylvania University.—The smallpox is said to be rife at Covington, S. C.—Forty thousand peasants and pilgrims, it is supposed, have died of cholera, the past year, in the neighborhood of Mecca, hastened on by fatigue and want of water.—A proposition has been laid before the legislature of Georgia, to authorize an organization of the steam doctors.—A system of Simplified Anatomy has been published at Columbus, Ohio, by Dr. William Spillman, which is well recommended by the *author*.—J. A. Brown, B. P. advertises in Providence, R. I. that any persons who prefer having their *fevers* cured in from four to eight hours, may have the business done by the job, by the public's humble servant.—Dr. Mussey is lecturing at the Andover Institution, on the philosophy of health.—Mr. Graham is about commencing a course of lectures on the science of life, at Dedham, Mass. and also a second series on hygiene, at Phillips place, in this city.—A new tooth instrument has been announced, but it possesses no advantages, we should judge, over those already in use.—Dr. J. S. Bartlett, of this city, has become associate editor of the Boston Pilot, devoted to literature and the interests of Catholicism in America.—Dr. Strobell's private anatomical demonstrations at Columbia, S. C. have probably been very successful, as he is extremely well qualified for teaching the science.—The lectures at the Mass. Med. College will close in about four weeks.—The Cæsarean operation has recently been performed at Birmingham, Eng. and both mother and child were doing well.—Dr. Elliot, of New York, who is said to have acquired some reputation as an oculist, has become very expert in the manufacture of artificial eyes.—There is now in Boston, at the Bromfield House, Dr. Williams—called, par excellence, the celebrated English oculist—whom, by the way, we never heard of until he announced himself through the papers.

Whole number of deaths in Boston for the week ending Jan. 1, 36. Males. 15—Females, 21.

Of apoplexy, 1—consumption, 4—childbed, 1—croup, 1—dropsy, 1—dropsy on the brain, 2—infantile, 5—intemperance, 1—inflammation of the lungs, 1—lung fever, 2—measles, 4—old age, 4—stoppage in the bowels, 1—spasms, 1—scarlet fever, 2—sudden, 1—teething, 1—worms, 1—unknown, 1.

ADVERTISEMENTS.

MEDICAL SCHOOL OF MAINE.

The Medical Lectures at Bowdoin College will commence on *Monday*, the 22d day of February, 1836.

Anatomy and Surgery, by Jedidiah Cobb, M.D.
Theory and Practice of Physic, by William Perry, M.D.
Obstetrics and Medical Jurisprudence, by James McKeen, M.D.
Chemistry and Materia Medica, by Parker Cleaveland, M.D.

The *Anatomical Cabinet* and the *Library* are annually increasing.

Every person, becoming a member of this Institution, is required *previously* to present *satisfactory* evidence that he possesses a good moral character.

The amount of fees for the Lectures is $50. The Lectures continue three months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September. N18—5teop

Brunswick, November, 1835. P. CLEAVELAND, *Secretary.*

A STAND FOR A PHYSICIAN.

A physician in the State of Maine, in a pleasantly situated, small, flourishing village, about 25 miles from Portland, wishes to dispose of his stand. Being a very eligible stand, and affording abundant practice, it offers a good opportunity for a physician to establish himself. For further particulars, apply to the Editor of the Journal; if by mail, post-paid. Sept 23—3m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price $3,00 a year in advance, $3,50 after three months, and $4,00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XIII.] WEDNESDAY, JANUARY 20, 1836. [NO. 24.

PUERPERAL PERITONITIS.

[Communicated for the Boston Medical and Surgical Journal.]

THE prominent place in our current medical literature occupied by "Puerperal Peritonitis" has rendered the details of that disease sufficiently familiar to most physicians, even if they have been fortunate enough to escape a personal encounter with it. It is, however, *not* so generally known that a morbid affection, characterized by the same symptoms, and presenting the same pathological changes, is liable to occur entirely unconnected with child-bearing. Peritoneal inflammations, as they are described in the books, both acute and chronic, are, to be sure, not of infrequent occurrence. But the cases I am about to describe seem to differ not only in degree, but also in kind, from those commonly met with, and to resemble the severest cases of "epidemic puerperal fever."

On the 3d of March, 1831, I was called to visit a young woman in this village, who had previously enjoyed good health, with the exception of a slight eruptive complaint, for which she had taken, by my direction, some aperient and diuretic medicines, from which she had derived benefit. At the time of my visit (9, A. M.), she had vomited slightly, and complained of some rather indefinite feelings of distress at the stomach. There were no chills; the pulse, respiration, tongue, and countenance, were unaffected. There was no tenderness on pressure about the stomach or abdomen; the catamenial and alvine evacuations had been regular. I made some slight prescription, without being aware of the severity of the impending disease.

I was prevented from seeing her again till 2, P. M. when I visited her with my colleague, Dr. Parker, and when the marks of severe disease were very fully expressed. The peculiar alteration of the features, called by the French writers (Corvisart, Baudelocque, &c.) *face grippée*, was very striking. The extremities were becoming cold; the abdomen, excessively tender to the touch, was, at this early period of the disease, enormously distended. Pulse 140 in the minute and weak; respiration difficult. A small quantity of blood was abstracted: injections, fomentations, the warm bath, and a variety of other means, were tried without effect, and the patient died at 5 o'clock, the following morning, twenty hours from the first attack of disease.

Sectio cadaveris, eight hours after death.—In the head and thorax no preternatural appearance. The abdomen contained six quarts of serous or sero-purulent fluid, with abundance of the fibrinous flocculi which are found in the fatal cases of puerperal peritonitis. The surface of the peritoneum was extensively covered with the same adhesive matter. It had the pale, opaque appearance characteristic of serous inflammation that has resulted in effusion. Tender and friable, it was lacerated when carelessly handled. Six or eight inches of the ileum were of a dark purple color, entirely mortified.

I should probably never have published any account of the above case, but for the recent occurrence of another of a character exceedingly similar.

Mrs. Reed, aged 22, had been married four weeks. Formerly subject to some dyspeptic complaints; latterly, health pretty good. Attacked at 9, P. M. Dec. 13, 1835, with violent pain in the right hypogastrium, which soon came to occupy the whole abdomen. Dr. Russ, of Pomfret, was called, who found her with a weak and very frequent pulse ; pain in the abdomen violent, with strong tendency to syncope. No distinct rigor, but the temperature constantly, and during her whole sickness, below the natural standard. Occasionally some nausea and vomiting. Soon after the attack, the abdomen was observed to be tender on pressure, and at 9, of the following morning, was first found to be tumefied.

I saw this patient twenty-four hours after her first complaint, viz. at 9, P. M. Dec. 14. She was then moribund. No pulse at the wrist. Breath and extremities cold. Abdomen distended, and tense beyond anything I had ever witnessed. Dr. Russ had taken a small quantity of blood, eight or ten oz. which was cupped and sizy ; but had been deterred by the feebleness of the reaction from making a more liberal sanguineous depletion. Injections and purgative medicines had failed of procuring alvine evacuations ; nor had any of the means ordinarily employed in such cases been productive of even a temporary mitigation of the symptoms. At the time of my visit, gangrene had evidently supervened. The pain had ceased. A cadaverous fetor exhaled from the body. She died between 11 and 12 o'clock, twenty-six or seven hours from the first attack of disease. Permission was not obtained to open the body.

Both these cases seem to me to have exhibited a striking resemblance to the cases of puerperal fever which prevailed in the western part of this State in 1819–20. The phenomena presented by both these patients, while laboring under disease, and the pathological changes observed in the one subjected to post-mortem examination, seem almost to have established an identity of morbid action.

The modern writers on puerperal peritonitis lay much stress on a vitiated atmosphere as a cause of the disease. Thus we are told by Tenon, that in the old Hotel Dieu, on the banks of the Seine, one in 15 of the women delivered there perished of this disease. And this is attributed to the practice of crowding two or three puerperal patients into the same bed ; of suffering the lochial and other discharges to accumulate around them ; to the confined situation of the hospital, where ventilation was impossible ; and still more to the lying-in wards being directly over those devoted to surgical cases, where the stench from ulcers, &c. was at all times intolerable.

We should think that this list presented a pretty formidable array of causes against the health and comfort, if not the lives of the poor inmates of the Hotel Dieu. But we are told by M. A. C. Baudelocque, that in the *Maison d'Accouchment*, the more modern lying-in establishment, where most or all the above evils are obviated, the ratio of mortality from puerperal fever is not sensibly diminished. The disease has also at some periods raged in Vermont with all the severity, and as high a rate of mortality, as has been attributed to it by Wm. Hunter or any of the writers who have described it in its most aggravated form. And in the cases I have now described, we have a disease apparently identical with the worst cases of epidemic puerperal peritonitis, without even the ordinary accessory of recent delivery. Something besides vitiated air must then be sought for as a cause for the disease we have been considering. Its etiology is certainly involved in great obscurity, unless we conclude to be satisfied with the time-consecrated definition, that "*its causes* are the causes of fevers in general, with some unknown cause determining the peritoneum and uterus and its appendages to be peculiarly the seat of the morbid action" ! !

A question of more importance, and, as I think, of easier solution, relates to the treatment of these cases of violent peritoneal inflammation. I will not trespass upon your patience, or that of your readers, farther than to offer my views upon the single remedy of bloodletting, so highly extolled by Armstrong, Hey, Gooch, and others, and as decidedly proscribed by Clark, White, and Burns. The latter writer makes a distinction, which is not now recognized by the profession, between peritoneal inflammation and puerperal fever ; and advises bloodletting in the former, and tonics in the latter. The result of all my experience in the treatment of this disease, is, that *the lancet should be fearlessly employed at the commencement.* It will generally do no good after effusion has occurred ; and tonics and stimulants will do no good at any time. Perhaps in many cases the attack is so severe, the affected organ so extensive and vitally important, and the tendency to effusion so great, that all curative measures will be found unavailing ; and it probably often occurs that the symptoms are so equivocal at the commencement, that practitioners are deterred from making the necessary depletion till it is too late. Still the recoveries from puerperal fever which I have witnessed, and they have been pretty numerous, have all occurred under a vigorous antiphlogistic treatment.

The rules by which the use of the lancet should be governed, together with all that relates to the auxiliary measures of purging, emetics, revulsives, &c. &c. form no part of the original plan of this article.

Woodstock, Vt. Dec. 18, 1835. DAVID PALMER.

MASSACHUSETTS CHARITABLE EYE AND EAR INFIRMARY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In presenting to the readers of the Journal the following summary of cases of Diseases of the Eye, which have applied for treatment during the last year at the Massachusetts Charitable Eye and Ear Infirmary, it may be considered as not amiss to preface it with some remarks tending to show the advantages and necessity of institutions devoted to the treatment of ophthalmic diseases. This intention cannot be better fulfilled than by presenting some extracts from the introduction to a "Treatise on the Diseases of the Eye" by W. Lawrence, surgeon to St. Bartholomew's Hospital, and late surgeon to the London Ophthalmic Hospital. This work has been lately reprinted in this country, and commends itself, by its intrinsic merits, to the attention of the medical profession. Having observed that "the study of the diseases of the eye is therefore now justly regarded as an essential part of general medical education, more particularly to country practitioners, who are thrown entirely on their own resources," the author continues—"although the importance of the subject must be admitted, it has been doubted by some whether the ophthalmic branch ought to be separated from the rest of medicine and surgery, as it must be, to a certain extent, by devoting to it separate courses of lectures and treatises, and by instituting ophthalmic hospitals." To show how mistaken and unfounded are these doubts, he cites the commonly acknowledged fact, that general hospitals are inadequate to afford sufficient instruction in this branch. "The diseases of the eye in general hospitals, are inadequate, from the smallness of their number, to the purposes of practical study, particularly that of exemplifying the various operations. Thus these institutions have been inefficient in reference to this important department. As the general body of surgeons did not understand diseases of the eye, the public naturally resorted to oculists, who, seeing such cases in greater numbers, became better acquainted with the symptoms, diagnosis, and treatment; and especially more skilful in the operative department."

In tracing the downward progress of ophthalmic surgery into the hands of the professed oculist, and the causes which led to that result, Mr. Lawrence goes on to observe—"at the same time, the subject being imperfectly understood, was neglected in the general surgical courses, in which many important affections were entirely unnoticed, and the whole very inadequately explained. Thus, students who resorted to London for the completion of their professional studies, had really no means of learning this important department of the profession, which was tacitly abandoned even by the hospital surgeons, and turned over to the oculists. The latter not being conversant with the principles derived from anatomy, physiology and general pathology, attended merely to the organ; and relied almost exclusively on what is comparatively of little importance, local treatment. Hence ophthalmic surgery being in a manner dismembered from the general science, was reduced to a very low ebb. Until within a few years, it was, in this country, at least, in a state of almost total darkness."

"It thus becomes desirable to establish an express and distinct school for ophthalmic surgery; not because the principles of treatment differ from those applicable to disease in general, nor because any peculiar mode of study is required, but in order to supply a deficiency in the existing sources of professional instruction, and to provide for the diseases of this important organ of vision, those means of information which the general hospitals neither do nor could provide, consistently with the requisite attention to their other important objects. This proceeding, which at first view seems calculated to complete and perpetuate the separation, was the only rational mode of re-uniting ophthalmic practice to general surgery."

The establishment of institutions for the exclusive treatment of diseases of the eye and ear, is of comparatively recent origin. In Great Britain, this plan was originally proposed by Saunders in 1804, and the Institution was opened for the reception of patients the following year, under the name of the London Dispensary for curing Diseases of the Eye and Ear. It was afterwards called the London Infirmary for curing Diseases of the Eye, to which class of diseases it was found expedient to limit it. It was in a report to a committee of this charity, that this talented surgeon first announced the practicability of operating upon congenital cataract in earliest infancy.* The Westminster Ophthalmic Hospital, under royal patronage, was nearly cotemporary in origin with the London Infirmary; and not many years afterwards an Infirmary was established at Exeter, on the model of the latter. Since then, similar institutions have appeared in many of the principal cities of Great Britain, and in some parts of the Continent. They have been received with marks of general favor and encouragement; and in Great Britain, at least, have become identified with the system of public charity for the relief of suffering humanity. The oldest institution of the kind in this country, is the New York Eye Infirmary, which owes its birth to the spirit of medical foresight and enterprise communicated to kindred minds, by such men as Travers and Farr, who succeeded Saunders at the London Infirmary.

The Institution in this city claims a kindred origin, and one not far removed in point of time from that in New York. From these two institutions, others have sprung up in different parts of our country. Cincinnati may boast of having within her boundaries two charities devoted to ophthalmic diseases. And as the attention of the medical profession becomes more and more steadily directed to this interesting and important branch of the healing art, it may be reasonably predicted that ophthalmic institutions will increase and multiply, and extend their beneficial influences in arresting disease and restoring vision.

Boston, *January*, 1836. E. J. D.

Whole number of applicants from Oct. 26, 1834, to Oct. 28, 1835 - - - - - -		708
Patients affected with diseases of the eye - -	582	
Patients affected with diseases of the ear - -	126	
	——	708

The Diseases of the Eye were as follows:

Amaurosis - - -	29	Conjunctiva, tumor of - -	3
Amblyopic weakness of sight	3	Inflammation of, acute, with purulent discharge, including catarrhal ophthalmia; purulent ophthalmia of adults and purulent ophthalmia of infants	82
Cataract, single, or in one eye	11		
Double, or in each eye -	6		
Crystalline lens, dislocation of	2		
Conjunctiva, foreign substance in	2		
Ecchymosis of - -	2		
Irritable state of - -	2		

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* He reported a case of an infant of two months old, in whom he had performed the operation for curing congenital cataract, and who was then convalescent.

Conjunctiva, inflammation of, chronic, with purulent discharge	2
Cornea, foreign substance in	3
Inflammation of (corneitis)	7
Pustule of - - -	2
Opacity of - - -	21
Ulcer of - - -	26
Rupture of - - -	1
Ectropium - - -	3
Entropium - - - -	6
Eyeball, congenital oscillation of	1
Suppuration or abscess of	1
Wound of - - -	3
Eyelid, cancer of - -	2
Encysted tumors of -	12
Œdema of - - -	1
Wound of - - -	2
Fistula lachrymalis - -	2
Glaucoma - - -	2
Granulated lids - - -	10
Hypopium - - -	2
Hordeolum - - -	6
Iris, laceration of - -	1

Iritis (primary or rheumatic)	4
Iritis, syphilitic - -	3
Lippitudo, acute - - -	37
Chronic - - -	5
Lachrymal sac, abscess of -	3
Passage, obstruction of -	15
Ophthalmia, acute - -	77
Chronic - - -	60
Erysipelatous - - -	2
Pustular - - -	22
Rheumatic - - -	1
Strumous - - -	18
Nyctalopia - - - -	1
Presbyopia - - -	1
Pterygium - - - -	2
Ptosis - - - -	1
Pupil, closure of - - -	4
Retina, morbid sensibility of	25
Staphyloma - - -	1
Strabismus - - - -	2
Tinea ciliaris - - -	32
	582

Of which number 442 recovered.
23 were relieved.
19 declined operation.
27 result not known.
27 were considered incurable.
3 removed from the care of the Infirmary.
2 not cured, and
39 remain under treatment.
582

Diseases of the Ear were as follows, viz. :

Abscess of the meatus auditorius externus - - - -	2
Deafness from disease of some part of the nervous apparatus -	10
From inspissated cerumen - - - - - - - -	20
From enlarged tonsils - - - - - - -	5
From morbid dryness of the meatus auditorius - - -	12
Deaf and dumb, the result of scarlatina - - - - -	1
Fungous excrescence of the meatus - - - - - -	2
Polypus of the meatus - - - - - - -	1
Foreign substance impacted in the meatus - - - - -	1
Otitis - - - - - - - - - - -	28
Otorrhœa - - - - - - - - - -	42
Rupture of the tympanum - - - - - - -	1
Tumor of the external ear - - - - - - -	1
Diseases of the Ear - -	126
Diseases of the Eye - - -	582
Total -	708

DR. BELL'S PRIZE DISSERTATION AND MR. GRAHAM'S STRICTURES.

[Communicated for the Boston Medical and Surgical Journal.]

Mr. Editor,—I have read with great satisfaction Dr. Bell's Prize Essay. I don't know where can be found, in the same space, so much judicious remark and sound reasoning, on the topics of which it treats. Dr. B. is evidently a man of talent and learning, and accustomed to philosophical investigation. He does not suffer himself to be led astray, like thousands who have preceded him, by a love of novelty or paradox; neither do his prejudices and prepossessions seem to be such as to blind his perceptions or warp his judgment. As far as I can judge from this single effort, he is a clear-sighted and clear-headed man, thoroughly acquainted with the principles of his profession, and withal as liberal and as respectful towards his opponents as any fair-minded man ought to ask, and more so than should have been expected. There are some opinions in the world which ought not to be treated with too much gravity and deference, lest they thereby acquire a degree of importance which they are not entitled to. Some species of error and extravagance are sooner laughed than reasoned out of existence. I have known many a man cured of his day-dreams by well-directed ridicule. The truth is, when a man's head is turned by the force of his imagination, and he stands trembling on the very verge of monomania, he will sometimes feel and acknowledge the power of wit, when his ear is deaf to every other species of logic. At any rate, the lash of ridicule, judiciously applied, may prevent others from becoming the dupes of imposture. To attempt gravely to reason with some of our modern visionaries, often, has no other effect than to administer to their pride and vanity, while the world is led to believe there may be something in opinions which call forth so much formal argument. The fortune of many an insignificant castle-builder, dying for notoriety, has been made by too serious and systematic opposition.

Now, for these reasons, I was at first inclined to believe that Dr. Bell had occupied too much of his time in *arguing* the question relative to what is, without much meaning, called man's *natural* food. This is one of those questions which I have been in the habit of considering as nearly settled as any question of the kind possibly can be by reasoning. It has been argued and re-argued, and argued again, as Dr. Bell correctly remarks, and I feared that to go over the ground again might be to acknowledge that the truth was not yet known. This was my first impression, though subsequent reflection has convinced me that I was in error. I, on the whole, rejoice that Dr. Bell has entered so fully into the argument, and that he has managed it in so able and satisfactory a manner. I have no expectations that many of those who think that man ought to live exclusively on vegetable food, especially those who have publicly committed themselves on the question, will be convinced by his logic; but there is a reasonable hope that it may operate as a dissuasive to others who might adopt their extravagancies.

The charge which Mr. Graham prefers against Dr. Bell of enlisting too liberally into his service sneer and sarcasm, seems to me without foundation. He is certainly always gentlemanly, which cannot be said of Mr. Graham. There is more that is severe and disrespectful, ten times over, in the ten pages occupied by the communications of the latter, than in the entire dissertation of the former.

I am sorry that Mr. Graham has not thought it worthy of himself to attempt to meet Dr. Bell's arguments, instead of spending his breath in declamation and empty bravado. Instead of writing ten pages of mere rhapsody, if he had devoted the same time to the refutation of Dr. Bell's reasoning, nobody can tell what wonders he might have accomplished (if his own account of his capabilities are to be received). Hear his own account of what he *might* have done (by argument and *wit*) had he felt disposed "to enter into a critical examination of Dr. Bell's performance." "Were I disposed to follow his own lead, and to use his own weapons, it would require no great skill nor power to annoy him exceedingly; and if I should not be able to give him any deep wounds, *I might, with great ease, at least, excoriate him from head to foot, and leave him smarting more cruelly than he would from a more fatal thrust.*" Now this idea of flaying a man alive "from head to foot" must be exceedingly shocking to the feelings of Dr. Bell, and is quite too barbarous ever to have been entertained by so famous a philanthropist as the "Public Lecturer on the Science of Human Life." But what does Mr. Graham mean by such wretched rodomontade as this? Does he not know that such sort of stuff, on his part, is mere swaggering, and will be taken for no more than it is worth by the public?

But let us hear the "Public Lecturer" again, in reference to his own amazing powers and discoveries—the subject on which he most delights to expatiate. Alluding to the following very just remark of Dr. Bell, "The view of the relations between body and mind, their varied connections with, and re-actions upon each other, presents a field of research extended, and promising the richest and most interesting results to the philosophical inquirer,—a field, as yet, little explored," Mr. Graham exclaims—"'*a field, as yet, little explored*,' says Dr. Bell. This is the Doctor's mistake. *It has been fully and faithfully explored in all its length and breadth. I hope it will not be considered vaunting if I say that I have mainly devoted more than twenty years of my life, most assiduously, to researches of this kind;* AND I DO NOT BELIEVE THERE IS A NOOK OR CORNER OF THE FIELD, OF WHICH THE DOCTOR SPEAKS, WHICH I HAVE NOT ACCURATELY SURVEYED." Now in this declaration, Mr. G. asserts either a truth or a falsehood. If what he says is true—if the thing has been done which he declares has been, and that, too, by *Mr. Sylvester Graham*, I hereby declare that MR. SYLVESTER GRAHAM, *Public Lecturer*, &c. is, out of all proportion, the greatest man that ever lived. In length and breadth, and all his dimensions, he is infinitely greater, even, than all the other great men united which the world ever saw. This I declare, and this I hold myself prepared to prove, whenever Mr. G. shall show me that he has really accomplished the prodigious things in question. On the contrary, if Mr. G. has asserted what is *not* true, and if he has *not* explored "in all its length and breadth" the field in question, as I verily believe he has not, I know not how to characterize his reckless effrontery, to say nothing of his veracity.

I cannot help quoting, for the reader's re-perusal, one more specimen of Mr. Graham's matchless assurance. "If I shall be permitted to present to Dr. Bell and others the results of my labors, *in print*, as I hope to, ere long, they will find that, instead of 'Utopian dreaming,' or wasting my time in exploring Cyclopœdias and musty libraries, to learn what others have thought and said, *I have been laboriously engaged in severe scientific researches and* ORIGINAL INVESTIGATIONS ; and that instead of basing my opinions on the experience of 'a few dyspeptics,' I have founded them on rigidly ascertained scientific principles. I say not these things boastingly, but in frankness, *to show medical gentlemen that I am neither a fanciful speculator nor 'Utopian dreamer.'* "

Mr. Editor, I have no personal acquaintance either with Dr. Bell or Mr. Graham, and I am unconscious of being influenced by unworthy motives in what I may say of either. The latter I have frequently heard of through the public prints, and I have some knowledge of his character and history from such as have known him well. I have supposed him to be a fluent and sometimes eloquent lecturer, superficial but deep enough for a popular audience, possessed of considerable knowledge and more address, and still more of a common ingredient of character vulgarly called *brass*. I have supposed him to be an enthusiast much given to castle-building and vision-seeing, and therefore unsafe to be trusted ; but I have had little doubt that he was mainly honest in his purposes, and withal, the author of some good to the community, in his way. He has contributed, I doubt not, to make some physiological principles of great importance familiar to the public mind, which of itself is no slight praise. He has not talents enough, if I mistake not, to become the head of any considerable sect—his chief ambition, perhaps. Some of his notions upon diet I have always considered as visionary, and often extremely detrimental, when received and reduced to practice. Some of the most inveterate dyspeptics I have ever known have been such as have been the meek followers of Mr. Graham's rules of living. But notwithstanding the injury which Mr. G. has unquestionably done by the errors which he has propagated, I am half inclined to think that he has done more good than hurt in the world, after all. Whatever praise is his due, I most cheerfully give him ; and if he ever sees fit to honor the world with his lectures *in print*, I will be among the foremost to spread his fame throughout the land, *provided* they contain those " severe scientific researches and original investigations " which are promised. But whatever Mr. G.'s merits may be as a lecturer, or *will be* as an author, I am persuaded he is entirely out of his element in a medical Journal. This I can most confidently assure him, provided his late communications to this Journal, including the " Extracts from an Introductory Lecture," be fair specimens of his attainments in " *the science of human life* "—the " physiological and psychological " relations of man. I hope Mr. G. will not attribute to my professional prejudices and jealousy my inability to discover in him that degree of merit which he is disposed to arrogate to himself, and which his friends claim for him. I cannot, for the life of me, see anything *prodigious* in the man, except *prodigious effrontery*, and I don't believe I am blinded by jealousy. However, the world, not I, must be judge. If I know my own feelings, I would as soon accept the labors of Mr. G., as far as they contribute to advance the cause of physiological science, as those of any other man ; but I cannot accept the fruits of fancy for the product of intellect. When Mr. G. sees fit to dream, he must not get out of patience because others do not dream too. Fretting will do no good, and a medical Journal is no place to make converts by blustering. BETA.

Connecticut, January, 1836.

HÆMATURIA, OR BLOODY URINE, FROM THE RUPTURE OF A VEIN OF THE PROSTATE.

TRANSLATED FROM THE REVUE MEDICALE BY B. B. APPLETON, JR. BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE following fact, and the reflections which accompany it, seem to throw some light upon the diagnosis of Hæmaturia, a disorder, the cause of which is often involved in much obscurity. A young man from 28 to 30 years of age, of a venous system developed in consequence of some venereal excesses, passed bloody urine. Mild treatment and diluted drinks effected no change in his condition. M. Lacroix having been consulted, gives the following particulars ; the patient passes water without pain ; he does not experience any weight in the loins or hypogastric region ; the liquid which he passes is pure blood, dark, and escapes drop by drop under the following circumstances. When he passes water, in an upright or supine position, at evening, morning, or in the course of the day, he discharges a liqnid exactly like the urine which he evacuates in a perfect state of health. While in the chair the urine still continues natural, previous to the passage of fæcal matter ; but during the efforts which are made in the act of defæcation, he passes drops of blood, and this has happened at every alvine discharge for eight days. This last circumstance is best fitted to aid the diagnosis ; for, if any known sign had raised a suspicion that the kidney or bladder was the seat of this hæmaturia, the nature of the urine, which passes always pure, is a sufficient proof that neither the secretory organ nor the receptacle were affected. The inference then is, that the source of the blood is in the excretory canal, and in that part which is nearest to the rectum, since it is in the act of defæcation that these hemorrhages occur.

Now, we shall be asked, perhaps, how the canal of the urethra can pass alternately urine and blood. This is easily to be conceived of, by the application of the knowledge which we have respecting the phenomena of venous circulation ; and it is this very succession in the alternate ejection of blood and urine, which proves satisfactorily that the disorder is owing to the rupture of a vein ; for, if you suppose an inflammation accompanied with hemorrhage of the prostate, the liquid would be constantly discharging, and would be mixed with the urine.

In the case of a ruptured vein, we may again be asked how it happens that the blood does not pass with the urine in its course through the urethra ; for the same reason that in venesection, it is not sufficient that the vein should merely be opened—it is further necessary that an obstacle, like a ligature, should oppose the return of the blood. Now, in the efforts of defæcation, the contractions of the parietes of the abdomen have an action sufficient to cause the flow of blood, by the obstacle which they oppose to its return in the veins of the prostate.

This hemorrhage is owing simply to the rupture of a vein, without the necessity of supposing the prostate varicose ; for nothing indicates that this organ is the seat of any such affection. In examining his past history, we find that the patient has never been subject to that retention of urine so common in an enlarged state of the veins of the prostate. Besides, on a careful examination of the prostate, we find that it is not larger than usual, and that it gives no sensation of pain upon pressure, or in the rectum in defæcation. The age of the patient, too, prevents the supposition of a varicose prostate ; for as it is an affection common in advanced age, it is very rare in young persons. A single indication was offered, and this was to remove the obstacle which operated periodically to destroy the clot of blood (caillot) which was formed for the cicatrization of the vein, by preventing the patient from making these efforts for some days. For this purpose relaxing drinks were given, and washes applied twice or thrice a day. On the fourth day the patient was entirely cured.

VITALITY OF THE BLOOD.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The following extract from one of my lectures on the Science of Human Life, is furnished to you for publication in your Journal, not because I wish to make a display of my own ingenuity, but because I desire most respectfully to present the views contained in the latter part of this extract, to the attention of physiologists and physicians, as extensively as possible, and to ask them to give as much consideration to my notions, and especially those concerning the coloring matter of the blood, as they deem them worthy of. For it seems to me very certain that if these notions are not perfectly futile and visionary, they are of very great importance ; and I am not confident in my own mind which of these propositions is true. It may not be improper to observe in this place, however, that I have been permitted to read this extract to one of the ablest and most learned professors of physiology in our country, and he has declared that he considers the views contained in it, as worthy of very serious and careful examination. Yours respectfully,

Boston, January 9, 1836. S. Graham.

The blood, like the chyle and other substances of the body, has repeatedly been analyzed by the chemist, and we have been told the precise quantities of the muriate of soda and potash—of phosphate of lime—iron—sulphur, &c. contained in it ;—but without the least advantage to physiology, therapeutics, or dietetics. On no one of these points, has the chemical analysis of the blood thrown the least ray of light ; for it is not with a fluid composed on the principles of inorganic chemistry, of certain chemical elements, that the physiologist or the physician has to do ; but with a *living fluid*, elaborated by vital processes, and subject to the laws and conditions of vitality. The blood is most indubitably a living fluid, and its vitality is susceptible of very considerable increase and diminution—and the extremes in both directions lead to death. There is a point above which the vitality of the blood cannot rise without disease which leads to speedy dissolution ; and there is a point below which it cannot sink without inevitable destruction.

That the blood has vitality in itself, has repeatedly been, and may easily be proved by conclusive experiments : still, however, its intrinsic vitality cannot long be sustained out of the living vessel to which it belongs. Taken from the living vase, the blood loses its vitality in a few minutes ; but if a quantity of blood be confined to a portion of a living and healthy artery, its vitality will be preserved as long as the healthy vitality of the artery remains. The preservation of the vitality of the blood, therefore, depends on the living vessels in which it flows, or rather on the nerves of organic life, which preside over the functions of those vessels ; and the degree of vitality in the blood, varies with the general condition of those nerves ; and the general condition of those nerves depends very much on the character and condition of the blood.

If the quantity of the blood in the system be excessive, there is a tendency to special or general congestion, inflammation, and death. On the other hand, if the quantity of blood be too far reduced, the functional energy of the nervous system is diminished, the conservative power of the bloodvessels is impaired, and the intrinsic vitality of the blood is commensurately lessened. Hence if a healthy, robust man be copiously bled, and then several smaller portions of blood be taken from him at short intervals, each successive portion will lose its vitality sooner than the preceding one.

The specific gravity of the blood, is little more than that of water. It has been affirmed, however, " that the more perfect the organization of the blood, or the higher the degree of vitality it possesses, the greater appears to be its specific gravity."

By some physiologists, the blood is considered a homogeneous fluid ; while others assert that it is a complicated compound of all the substances which compose the various solids and fluids of the living body—the substances of the bones, cartilages, ligaments, tendons, membranes, muscles, nerves, bile, salivary, gastric, pancreatic, and other fluids, &c. &c.—ready formed, and all mixed up together, in the blood, like the materials of the world in the fabled chaos :—and all that is further necessary for the arrangement of these materials, into the several structures and organs of the body, is, to have the blood pass through certain strainers, which are so constructed and situated, as to separate out and retain each material in its proper place. But this is obviously an expedient to cover human ignorance with the guise of science—a purely hypothetical attempt to explain the operations and results of the vital economy upon chemical and mechanical principles.

Whilst the blood is healthfully flowing in its living vessels, it is impossible for us to investigate its properties ; and it is equally impossible for us to know how soon our meddling with it, may effect essential changes in its character. The farthest, therefore, that our knowledge of the living blood extends, is that, when first taken from the living and healthy vessels and examined under a microscope, it is found to be composed of a fluid containing innumerable, minute globules, which are surrounded by a kind of pellicle of coloring matter. A substance called fibrin is also said to be contained in the blood:—but there is reason to believe that the fibrin is nothing more than an arrangement of the globules just named, divested of their coloring matter, and that the fibrin, as such, is not to be found in the actively circulating blood.

When taken from the living vase and permitted to stand a short time, the blood coagulates, or a portion of it gathers into a thick clot, called the crassamentum—and the remaining portion is a thin, transparent fluid of a greenish and yellowish appearance and saltish taste, and is called serum. By washing the clot or coagulum freely in water, its coloring matter is removed, and it becomes white, and has a fibrous appearance. When putrefaction commences in the blood taken from the living body, "it attacks rather the coagulum than the serous portion," and this is true also of the chyle.

This is as far as the *physiologist* can push his analysis of the blood:—and *this*, taken in connection with several important facts and phenomena which constantly take place in the living system, justifies the conclusion that the blood is not a homogeneous fluid, but naturally consists of innumerable globules or corpuscles of animalized matter, held in a fluid state by an aqueous menstruum or diluent; and that *the vitality of the blood wholly resides in the globules.*

It was stated in a former lecture, that water appears to pass from the stomach into the circulation with very little if any change; and it is a well known fact, that all the absorbent vessels of the body pour their contents of every kind—whether assimilated or not—whether salutary or deleterious, into the veins. It is also well known that large quantities of water, holding saline substances in solution, may be injected directly into the veins of living animals without destroying life. Castor oil, and many other medicinal substances, may likewise be introduced in the same manner: and alcohol and other poisonous substances pass unchanged from the stomach into the circulation in large quantities. Indeed, alcohol is often present in the blood in so large a quantity and so concentrated a form, as not only to be readily detected by the senses of smell and taste, but also to burn freely with a blue flame, when touched by a candle or any other burning substance.

When death is caused by lightning, it is well known that the blood remains in a fluid state incapable of coagulating;—and in several forms of malignant, putrid fever, the corpuscles of the blood are broken down and lose the power of coagulating: and in some instances there are manifest evidences that putrefaction has commenced in the globules of the blood before the life of the body is extinct.

All these facts seem to prove conclusively that the blood cannot be a homogeneous fluid; and that the serum of the blood cannot possess any degree of vitality: and they leave little reason to doubt that what is called the coloring matter which surrounds the vitalized globules, *is intended to shield them from the pernicious properties or influences of such foreign matters as may find their way into the circulation and become mixed with* *the serum of the blood.* While the animalized corpuscles remain in the lacteals and other vessels, where, in the normal state of the system, only assimilated fluids are permitted to enter, they are not invested with those pelicles or coverings which become red in the lungs, and when they finally enter into the arrangements of organized structure, they are again divested of those tunics; and hence it appears that they are only thus covered while travelling in the common highway of the circulation, where they are continually exposed to the contact and influence of foreign and unassimilated substances.

It is probably from the serous portion of the blood, mainly, if not exclusively, that the excrementitious secretions and exhalations are made; and the impurities which sometimes accumulate in the blood from special or general derangement of function, are probably contained wholly in this menstruum: and it is possible that they exert their deleterious influence first on the nervous tissue of the bloodvessels, and through them on the nerves of organic life generally, producing irritation and morbid affection which involves the bloodvessels, and by them is communicated to the living corpuscles of the blood, and thus producing a general fever, which is modified in its type and symptoms, by various circumstances. Hence the intense thirst which usually attends a fever, and which may be an instinctive demand for water to displace the offensive serum, and allay the preternatural heat and action;—and hence, also, the interesting fact, that pure soft water freely administered, at a proper time, is decidedly the most efficient febrifuge in nature. The most violent fevers have been subdued by it with astonishing rapidity, when the ordinary means of medical practice have proved utterly ineffectual.

It is frankly admitted, however, that this is mere speculation: but it seems to be corroborated by all known facts relating to the subject. It is not, however, by any means, suggested as a universal theory of fever, but merely as one of the means by which fever is induced.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 20, 1836.

MASSACHUSETTS EYE AND EAR INFIRMARY.

The reader will find in the Journal, to-day, some general statistical observations on the origin and necessity of ophthalmic hospitals, to which are annexed the returns of the cases of diseases of the eye and ear, which have been presented for treatment, the year past, at the Massachusetts Charitable Eye and Ear Infirmary. This institution has now been in active operation more than ten years—and during that time, nearly eight thousand patients, afflicted with diseases of those important organs of sense on which so much of human happiness and intelligence depends, applied for relief. A very large proportion of the whole number were affected with complaints of that sensitive, delicately-constructed instrument of perception, the eye. In many instances, had the disease been left to itself, or treated by the innumerable nostrums which the ignorant and vulgar too frequently have recourse to in the commencement of ophthalmic affections, total and irretrievable blindness would have certainly followed. It should be remarked that the benefits of this noble institution are by no means confined to the immediate vicinage of Boston. Applicants from various sections of the commonwealth are annually swelling the catalogue of patients ; and not unfrequently persons from other States, also, seek advice here. Some adequate idea may be formed, from this statement of facts, of the high character enjoyed by the Infirmary beyond the immediate environs of the city.

The results of the medical and surgical treatment, therefore, justly entitle this excellent charity to the favor and warm-hearted encouragement of the whole community, to which it looks with an earnest and confident belief that its restricted means will ere long be enlarged, and rendered adequate to the increasing demands made upon its gratuitous services. The medical gentlemen who founded, and who have perseveringly conducted its operations from infancy, till it has grown into notoriety and unquestionable utility, have bestowed not only their regular personal services from the beginning, but they have moreover manifested a zeal and faithfulness which entitle them to the sustaining power of those who possess the means of rendering assistance without essentially diminishing their own superabundance It cannot be possible that the appeal of the institution for pecuniary aid can be much longer neglected. Shall the necessary means for extending and diffusing the inestimable benefits of sight and hearing be denied the unfortunate ? Can the ills of honest poverty be thus neglected—nay, aggravated—by withholding the balm which is in Gilead ? The spirit of philanthropy, and a rational regard to that principle of political economy which contemplates the comfort, at least, of the poor—and particularly the diseased poor—demand an energetic movement in behalf of this Infirmary.

From the first of our acquaintance with the original designs of the founders, we have urged its claims. And we have been no less urgent in recommending to medical pupils the great good that might accrue to them, and those who might in after life consult them, by a systematic course of instruction in ophthalmic surgery, under the guidance of the medical officers of this institution. There must be a hospital erected—and the sooner it is done, the happier will it be for those who are compelled by misfortune to become its beneficiaries.

Iodine in Diabetes.—A correspondent of a foreign Journal strongly recommends this article in diabetes. Ioduret of iron and of potassa, and the tincture, may each be resorted to with considerable hope of relief. Knowing, as we do, the utter hopelessness of all the ordinary medicinal agents prescribed, in this country, for the complaint, we think the iodine should not be forgotten. This and creosote are certainly worthy a trial.

Medical Miscellany.—Professor Tiedemann, the celebrated anatomist, has lately made a visit to London, where he was all the toast with the schools and hospitals. Mr. Lawrence, the artist, took his picture, which having been lithographed, makes a fine display in the shop windows. The expression is intellectual.—The Censors of the First Medical District of Massachusetts (Suffolk) will be in session on Wednesday, Jan. 27th, in this city, for granting licenses. Applications to be made to Dr. Edward Reynolds, Boston.—Dr. Bartlett, of Lowell, gave an excellent lecture before the Boston Lyceum, on the 14th inst. He is a fine writer.

To Correspondents, &c.—Several communications are on file for insertion next week.—We acknowledge the receipt of Dr. C. G. Putnam's Translation of M. Louis's Researches on Bloodletting, and Parts VIII. and IX. of Dr. Hays's Library of the Medical Sciences—both too late to be examined this week.

Erratum.—On page 361, line 4 of Dr. Workman's Reply, for "medical police consultations," read "medical police in consultations."

Died—In New York, Dr. Peter McGiving, 47; Dr. Frederick Girard.—In Manchester, Eng. Mr. Whatton, Surgeon of the Royal Infirmary.

Whole number of deaths in Boston for the week ending Jan. 15, 36. Males, 19—Females, 17.

Of measles, 3—inflammation of the bowels, 1—infantile, 5—lung fever, 5—dropsy, 4—croup, 1—consumption, 5—inflammation of the lungs, 1—cancer, 1—insane, 1—typhous fever, 2—delirium tremens, 1—dropsy on the brain, 1—intemperance, 1—debility, 1—apoplexy, 1.

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry,	by	Dr. Channing.
On Physiology, Pathology, Therapeutics, and Materia Medica,	"	Dr. Ware.
On the Principles and Practice of Surgery	"	Dr. Otis.
On Anatomy	"	Dr. Lewis.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are $100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Jan 20—Iyep

SCHOOL OF MEDICINE, AT WOODSTOCK, VERMONT,

CONNECTED WITH MIDDLEBURY COLLEGE.

(*Incorporated by the Legislature of Vermont, October,* 1835, *with the power of conferring Degrees.*)

The Annual Course of Lectures, at this Institution, will commence on the second Thursday (10th day) of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by H. H. Childs, M.D.
Physiology and Surgery, by Willard Parker, M.D.
Chemistry and Materia Medica, by David Palmer, M D.
Anatomy, by Robert Watts, Jr. M.D.
Medical Jurisprudence, by Norman Williams, A.M.
Demonstrations in Anatomy, by Otis Perham.

The usual number of Lectures will be *five*, daily—besides the Demonstrations in Anatomy and occasional evening examinations. Considerable additions are now making to the Chemical Apparatus; and opportunities will be furnished to students for *practical* Anatomy, arrangements for that purpose having been made last year in the city of New York. ☞ *No subject for dissection will be received from any person, or on any terms.*

Fees for the course—$45. Graduation—$18. For those who have attended two courses, but do not graduate—$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Pierce, Esq. Treasurer of the Institution. Board is usually furnished at from $1,50 to $2,00 per week, including room, wood, lights, and washing.

Students are requested to come provided with two or more standard works on each of the above designated branches of study. The term will commence with Lectures on Anatomy, Chemistry, Physiology, Surgery and Materia Medica. Degrees will be conferred at the close of the Lecture Term.

Examinations will be conducted by the Medical Faculty, in presence of a delegation from the College, and a Committee appointed by the Justices of the Supreme Court, pursuant to the provisions of the act of incorporation. Requisites to an examination are, that the student produce satisfactory testimonials of moral character, and of his having studied three years with a regular practitioner; that he shall have attended two courses of public Lectures, one of which must have been at this institution; and that he shall have attained the age of 21 years. By order of the Board of Trustees,

6t E. HUTCHINSON, *Secretary.*

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CASES IN PATHOLOGICAL ANATOMY.

BY LUTHER V. BELL, M.D. DERRY, N.H.

[Communicated for the Boston Medical and Surgical Journal.—Continued from p. 344.]

IV.—OCT. 20, 1835.—Was called to make a post-mortem examination of Mr. Rufus Hills, of Chester, N. H. an intelligent young man, who had been under my care about a year and a half. When about ten years of age, he had been confined to his back for about eighteen months with what was considered rheumatism, but from the very great distortion of the bones of the pelvis which remained, an anchylosis of the right hip, and the exfoliation of pieces of bone from about the trochanter major, I presume the disease was not of that character. Within a few years after his convalescence from this malady, he began to be afflicted with the symptoms of urinary calculus, for the treatment of which he was under the care of various practitioners without relief. For a short period he was at the Massachusetts General Hospital, where he was treated for chronic inflammation of the bladder, no stone being detected by sounding. He was subsequently sounded, as he informed me, by Dr. Renton, of Concord, N. H. but without this positive evidence of the existence of calculus being elicited. Last June he was subjected to a similar examination by Dr. Mussey, of Dartmouth College, with the same unsuccessful result; nor was it in my power ever to convince myself satisfactorily that I touched the stone, although I repeatedly made the attempt with a great variety of sounds and under various circumstances.

I was first called to advise in his case on account of an obstruction in the urethra just posterior to the scrotum, made by some foreign substance, which he, probably having in mind the former exfoliations from the hip, from its irregular and pointed surface was inclined to think was bone. It had first been noticed about three weeks previous, by the partial obstruction of the urine, and it had immediately been followed by some kind of convulsive affection, which had nearly proved fatal. On removing the substance, which was easily effected by the urethra forceps, it proved to be a calculus of an irregular, rectilinear figure, with several long and pointed projections. No amelioration of his general symptoms resulted. A month or two afterwards, a second stone descended into the bulb of the urethra, so as entirely to close the urinary canal. With considerable difficulty, owing to its size, ovoid figure and smooth surface, this was removed by the same instrument.* Its smallest circumference proved to be one and a half inches. All the usual palliative means were employed to render his existence as tolerable as possible, but the unfortunate sufferer was eventually worn out by the irritation and discharge of pus. The lateral operation of lithotomy was impracticable in his case, on account of the pelvic distortion, had the other circumstances of the case been such as to have warranted the attempt.

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* Perhaps the instrument by which this is so conveniently effected, may be advantageously described to such as have not seen this form of urethra forceps, as I think, with slight modification, it may be of considerable utility for other purposes in surgical prac-

On examination, eighteen hours post-mortem, the region of the abdomen just above the pubes was noticed to have a blueish and shining surface slightly elevated ; a slight touch of the scalpel, intended to pass through the skin only, cut into the bladder, from which a pint or more of purulent matter was discharged. On further examination, the whole of that viscus was found in a state of morbid alteration ; adhesions formed in every direction to the neighboring parts ; its membranous appearance wholly lost, and its muscular structure developed in palpable fleshy masses. A stone presented itself, which was embraced by the fundus of the bladder, which had, it was judged, become retro-verted in such manner that a small portion, forming a kind of curved horn by which it was suspended, only was presented within the usual cavity, against which the end of the sound only could have impinged. On removal, the calculus was found of the size of a hen's egg, and of the triple phosphate composition. The two portions which had escaped into the urethra had evidently been separated from the horn-like process or extremity, which was not, like the body of the stone, embraced by the bladder, or, as it were, sacculated.

Two circumstances of interest present themselves in this case ; 1, the mode in which so large a calculous formation had been so completely masked, as to frustrate all endeavors to reach it with the sound ; and 2, the probability that had his life been maintained a few days longer, a natural supra-pubic operation of lithotomy would have been effected by ulceration.

V.—*Death from inanition.*—Was invited, in conjunction with several other physicians, Jan 1834, to make an autopsy of the late Dr. Samuel K——, aged about 28, son of the Rev. Mr. K——, of H——, N. H.

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tice, such as the removal of foreign substances from the œsophagus, or, in short, whenever strong forceps are required in deep cavities. It consists simply of a straight silver canula ten or twelve inches long, through which a wire of steel is passed, which is split at its extremity into two branches, each terminating in half a sphere, so that when closed, a round end is formed for easy introduction. These branches are sprung apart by their own elasticity, and are closed when they are drawn within the canula. When introduced closed, within the urethra, they detect a calculus with the certainty of a steel sound ; if the canula is then drawn back an inch or two, the branches open and the stone is insinuated between them. The canula being then shoved down, the forceps are closed. I find this simple instrument described in the surgical works of Gooch, published nearly a century since.

While on this subject, I am reminded of a mode of overcoming the inconvenience arising from the holes of the catheter becoming plugged up by coagulated blood, &c. in cases of retention of urine. I have resorted to it repeatedly in cases of diseased prostate, where from the necessarily slow introduction of the catheter, its eyes become obstructed. It consists in winding half an inch of the catheter wire with a thread, in such manner that, when oiled, it may exactly fill the calibre of the instrument. When the catheter is in the bladder, let the wire be withdrawn, and the water will follow on the obvious principle of suction. To some practitioners this simple device may be new, and if so, is well worth having been communicated.

He went from home some years since, and was engaged in practice in Delaware Co., N. Y. and thence to Baton Rouge, La. where he probably became insane, as was evinced in letters to his friends. About a year since, he unexpectedly returned to his native place, ragged, miserable, and outrageously maniac. He was sent to the McLean Asylum, where he remained five months without benefit, or prospect of relief. He was then brought back to his father's house, and placed in a cage, which became indispensable for his own and the public security. Fifty-eight days previous, he refused to eat, and it appears from the most undoubted evidence that he had not eaten "the value of one full meal." I am satisfied that during this time, the whole amount of food ingested had not exceeded a pound, nor had there been any alvine evacuation. For some days prior to his death, his expectoration was sanguinolent, and the urinary discharge was likewise colored with blood. He had drank water freely, throughout.

The degree of emaciation was extreme; there having been an absorption of almost every particle of fatty matter. In neither of the three great cavities were any considerable morbid alterations developed. A slight vascular congestion of the brain and its meninges, and a small quantity of limpid serous effusion between them, existed. The thoracic organs, excepting an unnatural paleness, were natural. The abdominal viscera were exsanguined; the stomach and colon contracted in dimensions; the latter containing a small quantity of indurated, scybalous fæces; the gallbladder was distended, to its utmost extent, with a dark-colored, indeed almost black, bile.

The pathological considerations in this case, in addition to the length of time to which life was protracted without any considerable amount of food, which are most prominent, are, the exudation or secretion of the sanguinolent fluid into the pulmonary and urinary passages, and the evident increased vascular action about the brain evinced by redness and congestion, whilst all the other organs were comparatively bloodless. It is a curious circumstance, also, although by no means novel, that the mental aberration remained unaffected in degree and character, throughout all the physical changes which must have occurred before life was extinguished. I would remark in advance of the interrogation being made, why forcible measures were not employed to supply nutriment through the œsophagus tube, that I did not see this patient prior to his death.

VI.—*Death from obesity.*—Mrs. P——, wife of Moses C. P——, Esq. aged about 50, died in Dec. 1834. She had long been encumbered with extraordinary obesity. Some six months before her death, the bulk of her abdomen seemed to sink down, leaving her from one to two feet less in circumference about the waist, than she had been; and extending considerably beyond her knees when sitting. This subsidence gave the impression as if an universal ventral hernia had occurred. She began to fail with few and anomalous symptoms, rather resembling peritoneal inflammation than anything else; but doubtless produced by the tension of the enormous bulk and consequent irritation. Towards the last days of her life, symptoms of an apoplectic character supervened: not, however, till her health was entirely destroyed from the other causes.

On examination, no traces of disease within the abdomen were discovered; which was the only cavity examined, and that but imperfectly, on account of the unmanageable unwieldiness of the corpse. Her weight at the time of death was not less than 350 pounds; in person, she was not above the middle height, and of a slight frame.

P. S.—Dr. James Johnson, in the Med. Chirurg. Review, makes the following remarks. "Some persons' minds are most felicitously constituted; they believe that they are born to enlighten mankind, and, Shiloh like, they look upon their stripes as evidence of their mission. Happy fools! propound your schemes, concoct your theories—if the world laughs at you, laugh at it—if it beats you, defy it—if it for a moment credits you, gull it." This class of individuals, stimulated by a prurient desire of notoriety, or selfishly sagacious enough to see the occasional beneficial effects of opposition in raising, what if neglected would soon sink into original insignificance, seem anxious to appropriate all blows which are going, to their own crania. Like Mawworm, they can truly say, "*I loves to be parsecuted.*"

These reflections occurred to me in noticing some remarks on my Essay on Diet, in two late numbers of this Journal, by a person of the name of S. Graham. In divers places, a reader would suppose that I had *really* made some reference or allusion to this individual; e. g. "I say not these things boastingly [! ! !] but in frankness, to show medical gentlemen that I am neither a fanciful speculator, nor 'Utopian dreamer,' as Dr. Bell sarcastically insinuates." I would only remark, that, "though not to know him, may argue myself unknown," I never have had any knowledge of this person or his "doctrines," other than seeing notices of his perambulating the country in the capacity of an itinerant lecturer on something or other which he calls "The Science of Life," and having weekly to read in the Boston newspapers, *usque ad nauseam*, a series of inflated puffs on his performances, bearing a marvellous resemblance to each other. I beg leave to assure him that I had game in my eye of a higher grade entirely, than that which his inordinate conceit pointed out to him, as he may see by recurring to the advertisement of the separate edition of my essay; nor would I willingly have those who know me, suppose that I could have been combatting such an adversary.

Whilst I acknowledge the "psychological" "nemiety" of my obligations to this *modest*, *lucid*, and *scientific* reviewer, for not scalping me nor tomahawking me, as he says he might so easily have done, as well as my still greater debt for his magnanimity in not bearing away the prize which the Boylston Committee so stupidly adjudged to so contemptible a performance as mine, I trust he will accept a few words of advice in return for the sage counsel he has lavished on me; viz. that he should not, like Scrub in the Comedy, think "everybody is talking about him, because they laugh so consumedly." I also hope that he will forgive my ignorance in not knowing that he had "for twenty years" explored the relations between mind and matter, "in all its length and breadth," and attribute it to my being "of Derry" (which important fact he reiterates again and again), and in the humble obscurity of a country practitioner had not learned that S. Graham, of ——— ? had "fully explored" what I had supposed ("weak" "young" man that I was !) to be within the ken of Omnipotence alone.

To conclude ; in comparing the opening flourish of this "learned Theban," with the actual burden of his remarks, that old distich occurs as not inappropriate—

> "The King of France, with twenty thousand men,
> Marched up a hill," &c.

January, 1836. L. V. Bell.

REMARKS ON MIDWIFERY.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—My small communication in Vol. XII. page 319, of your Journal, has elicited some remarks from gentlemen of talents, who have thrown much light upon a subject which is not only important in establishing medical facts, but also in exonerating the profession from the charge of being instrumental in abridging human life—a charge engendered by ignorance, nursed by avarice, and sustained by prejudice and appeals to the baser passions of mankind. Although I have never felt any compunctions of conscience on account of the treatment of the case there detailed, yet to be countenanced by so many of your valuable correspondents, particularly by the distinguished gentleman of Connecticut, gives me renewed confidence to pursue more zealously the devious path of our profession—a path seldom strewed with flowers—a profession which, though it aims to promote the best interests of mankind, a diminution of human misery and suffering, and the increase of human happiness, yet is but too often rewarded with ingratitude, contumely and reproach. But of this I deem it beneath true dignity to utter useless complaints.

In Vol. XIII. page 269, of this Journal, is a communication from Dr. Jewett, of Vermont, noticing my remarks upon midwifery in Vol. XII. page 348, wherein the Dr. seems to fear that I shall infringe upon the orthodox practice of midwifery, and "mislead the younger part of the profession." I cannot boast of much "experience" (I beg pardon, sir, for the quotation : I venerate age and wisdom, but it seems to be the fashion of the times to take shelter behind that polysyllabic word, as if it contained some magic charm) ; but I can say I have spent some years of pretty close observation in an extensive but variegated country practice, and that I have not as yet seen any sufficient cause to deviate from the course mentioned in that paper. But cases *may* occur in which I shall deem it proper to pursue the opposite ; most assuredly I should do as did Dr. J. in the case of Mrs. F. "After continuing my efforts for about six hours"—long enough, in all conscience—I should probably let the placenta remain.

Dr. Jewett relates two cases ; the first, I suppose, to show the danger attending the method which I pursue—the second to prove its needlessness. Now as I do not claim the merit of proposing a new system of practice, because it is an ancient one and is adopted by a large number of our most successful practitioners, in this section at least, therefore I am not to be considered the especial defender of such practice. The case of Mrs. C. cannot go far to show the danger of forcible removal, unless it can be shown that such removal was the remote or immediate cause of her death; but I should not myself, nor do I think that candid observers, would, attribute so sudden a dissolution to such an operation, while no hemorrhage ensued. A case occurs to me in which the causes of death may possibly be identified. An intelligent townsman of mine, a short time since, narrated to me the facts in a case of amputation of the leg which he saw performed several years ago by an eminent surgeon, who was then in this part of the country. The limb was skilfully removed, and the patient bore the operation with remarkable fortitude, scarcely uttering a groan. The arteries were soon secured; there was but little loss of blood; immediately the patient was asked by the operator how he felt; his reply was, "comfortably well." No sooner had he spoken, than a change came over his countenance, his breathing became heavier, and in two or three minutes he expired. Similar cases, I believe, are on record. What, then, was the cause of death in the above case?

Dr. J. gives his second case, I suppose, to corroborate his belief that a retained placenta is not "necessarily dangerous or deleterious" in its consequences; but if he is not already aware of such dangerous consequences, I would refer him to Dewees, Baudelocque, and to almost all authors on obstetrics, particularly to Good's Study of Medicine, Vol. IV. page 240, where he may find one case, at least, showing the fearful danger of its retention, and the happy result consequent upon its removal.

But I did not intend to mislead young practitioners by my remarks, which have excited the gentleman's fears. I had hoped that if the writings of so obscure an individual were noticed at all, they might contribute something towards the abatement of the doctrine of non-interference, with which I believe many of our young men are too thoroughly imbued; and that belief has not been weakened by a case which occurred a few weeks ago. I was called to visit, in great haste, a puerperal patient in an adjoining town. On my arrival, the distance being several miles, I found the patient put to bed and comfortable; learned that she had been in labor most of the preceding night; that about midnight the child was born; that after-pains, more or less acute, continued from that time till 9 o'clock in the morning, when an old lady introduced her hand into the vagina and removed the placenta, almost without effort, a little previous to my entrance; that the doctor—a young man of that town—left and went home about 8 o'clock, having made several slight efforts at retraction by the cord. Probably the young man had exhausted his patience and that of the assistants by adhering to the non-interference plan. Now here was a case of needless expense, unnecessary expedition on my part, vexations on the part of the friends and attendants, and discredit to the young physician—merely because he had been taught the doctrine of non-interference, and was waiting, secundem artem, for voluntary expulsion. As this was the young man's debut, and it proved so unfortunate to him, you may readily suppose it will require some length of time before he will be troubled with many calls of such a nature in that neighborhood.

Again, I would advise seasonable removal on account of expediency, the comfort of the patient, and the convenience of the accoucheur and assistants. I am aware, sir, that in a mild climate, or in comfortable apartments furnished luxuriously, the patient may perhaps be left, after expulsion of the fœtus, for hours, undisturbed, although the placenta still remains. But fancy yourself, Mr. Editor, in the depth of winter, in the north of Maine, called from your bed at midnight to an obstetric case, several miles from your home ; having escaped *entire* congelation, you arrive at the house, if house it may be called, whose shattered ruins have survived the blasts of many a long and tedious winter ; where the stars take cognizance of its inmates by peeping unceremoniously through the open walls of the tenement, and where the mercury may be found at 30 or 40 degrees below freezing point ; at length you have succeeded in delivering the fœtus, have waited half an hour or more, and no voluntary expulsion of the secundines takes place. The wind is piercing, as you may easily suppose, and your patient shuddering with the cold, lying in her wet clothes, with some probability that they, too, may prove adhesive. What will you do ? Will you wait patiently hour after hour, and run the risk of your patient taking her death-cold ? or will you, with but little trouble to yourself, as is most usually the case, bring away the placenta and place your patient comfortably in bed ? I can readily conjecture, sir, which course you would pursue. This is no fable, Mr. Editor ; it is drawn from real life in my own practice, and is not a solitary case : yet the people in Maine are not all savages nor cannibals ; and there are those among us " whom the winds of heaven are not permitted to visit too roughly."

Can it be reasonable to expect that London and Parisian authors, who know comparatively nothing of our habits and customs, and but little of our diseases, should be the best practical guides for a region like the one I have described ? I would be the last, sir, to " mislead the younger part of the profession," because I have been but too often misled myself ; but I would have them taught that if they would obtain a fee, they should earn it ; that their employers expect an equivalent for a fee ; and that when called to a case where something is necessary to be done, they should be ready to do that something. I would also convince them and the profession at large, were I able, that one cause of the very great increase of steam doctors, quackery, and patent medicines of every description, is the too rigid adherence on our part to a limited but well-trodden path ; and I would have our young men contribute their share of labor towards widening that path and clearing it of its rubbish.

One question more, Mr. Editor, before I exhaust your patience. Why will not your correspondents come out under their own signatures ? It is to be regretted that we can never know the authors of many of your valuable papers, particularly those of the " literary emporium."

Albion, Me. January 18th, 1836. A. P. Fuller.

MEDICAL AND CHARITABLE INSTITUTIONS OF ITALY.

FROM A LETTER TO A GENTLEMAN IN THIS CITY.

[Communicated for the Boston Medical and Surgical Journal.]

It has been my object to know this country, I mean Italy, perfectly; and in no place have I omitted to visit its Hospitals and Almshouses; and it is justice due to this country, to say, that these institotions do great honor to it. During the time of the Republic of Genoa, its *Albergo di Poveri* was celebrated throughout Europe, not only for its extent, but for its extreme neatness and the excellency of its internal police. It is of immense extent, containing about 3000 poor, a large proportion of whom are women and children, who are employed in different sorts of work, the produce of which goes to the support of the establishment. It may be called neat, but I did not find the degree of neatness I expected. Neatness cannot be called an attribute of the Genoese. The General Hospital here, for the reception of all the sick, is of great extent. The Hospital of the Incurables presents a shocking sight, but, at the same time, it is a sight which every man, and especially he who is disposed to complain of his own situation, ought to see. Here are about five hundred patients of all ages, from a year to three score years and ten, who have come to pass their days, because their maladies are past the reach of human skill. I saw one woman who had been a tenant 35 years, and another 31 years. But the most striking sight is the children, running about, apparently in health, but exhibiting every species and every shape of deformity, of which conception can be formed—little monsters, of which no cover of an old-fashioned picture-book, made to make a child stare and wonder, can give an idea. When I was surrounded by them I could not speak; the trying to find an answer to the question "what sort of creatures are these?" took away my senses.

One of the best regulated hospitals that I have seen in Italy, is at Parma, the residence of the widow of Bonaparte, now the Duchess of Parma and Placentia. When I was there, it contained something more than three hundred patients, but is capable of containing many more, and there was an order to render it even more extensive. I remarked a great degree of neatness in every department, to the most minute, and a system throughout the whole establishment, truly admirable. Under the same roof, but at so great a distance that there is no connection with it, is the Hospital for the Insane; to visit this, an order from the governor is necessary, who did not hesitate to give it, on my stating that I was a stranger, and he gave with it a direction to the physician, that he should take me when he made his round of visits. The number of patients is very considerable, but a very large proportion of them in such a state as to allow them to be together. There might have been fifty men and women, confined in cells, with more or less liberty, and more or less light, as the disease was more or less severe. The cells are large enough for a bed, chair and table, and a few feet of room to walk, when it is not necessary to confine the limbs of the patient. I was there at the time breakfast was served—a soup, a piece of boiled beef, wine and bread. In the attendants I saw kindness, and everywhere neatness, and everything done to render comfortable the situation of the patients.—At Bologna, there are two very extensive hospitals, apparently uncommonly well arranged, and a very large asylum for the insane at Florence also—but neatness at Florence did not strike me so forcibly as at Parma. To visit the insane, I found in every case a special permit requisite.—In Florence, the best medicines and essences are prepared at the laboratories attached to different monasteries, famous for centuries ; and the shops where the medicine is sold, are really pretty things to look at. I remarked, at Parma, Bologna, and Florence, a regulation, which, I think, can do no good, but is likely to do harm to the sick. In the hospitals, there is one long ward from which wings run ; in this large ward, there may be seventy to eighty beds ; in one case I counted 130, about three feet apart. At one end of this ward is a large window, or more properly a large door, opening on a garden, or large open space, which gives fine air, and at the other end is a window or door, of equal size, looking on the street. On Sundays the door is open, and the people are allowed to stand at the grating and look at the sick.—At Naples there is an immense establishment for the poor, and under most excellent regulations ; I believe it is the largest in Europe. The poor are employed at all sorts of work ; there is a garden attached to the establishment. I was charmed at the manner with which some children gave me flowers, on my leaving the garden—and there is a theatre, in which plays are represented by the tenants of the establishment, for their amusement.—At Rome, I visited an establishment that pleased me much—where the poor, who have a taste for the fine arts, such as sculpture, painting, drawing, &c. &c. are received and taught. If they conduct themselves well, at the end of their time they are discharged, and receive, I think, 50 crowns, with which to begin the world. In this humble nest, many a bird of genius has been fledged, and flown to fill a career bright with fame and glory. These are institutions, which, I repeat, do honor to Italy, and which, to use the words of Burke, when he "looked down on London, from the dome of St. Paul's, seem like so many lightning rods, rising to Heaven, to avert the wrath of God Almighty, indignant at the wickedness of his creatures."

So far as I am able to judge, I do not think that the Italians have any just claim for very great merit, either in medicine or surgery. I have been in two or three sick chambers when the doctor has been called, and in every case I have heard him, after feeling the pulse, ask the patient whether he was tranquil in his mind; if lately he had been excited by any particular event ; whether he had been disappointed, &c. &c. and having asked the patient, he would try to learn something from his friends, as to the appearance of the patient of late, whether he had shown signs of agitation, or of not being at his ease—and I have always remarked, that the first remedy was to send to the surgeon to bleed. The blood is kept for some time ; the doctor examines it, and gives further orders. Medicine and surgery are entirely divided. After riding several days on horseback, in the months of June and July, the heat of the sun was too powerful ; I thought I had symptoms of the same disease that I had in London, erysipelas. I was somewhat frightened, and had a doctor ; he asked me many questions relative to the state of mind, &c. ; I told him I was perfectly tranquil, that I considered I had a fever, owing to exposure to the sun, or, in other words, that I was sun-struck. He ordered me to be bled in the arm, and in the foot, then to have something done on the neck. I told him I never was bled in my life, and did not mean to be if I could help it, and I would not follow his orders. He told me I was a self-willed Englishman, and left me. I am inclined to think that surgery, I mean that part that relates to amputation, or to the doing of it in an expeditious, *tender* manner, is far below the surgery of England, France and the United States. The fees of Italian physicians, especially in Genoa, are very low, three livres, 47 cents, a visit. Medicine is rather dear. There are some families here, who pay 100 fs, $19, for the services of a doctor when needed, for a year. In most of the towns where there is any chance of English society, an English doctor is to be found. In Rome, for example, there is one, who has made a fortune. He charges London prices. Also in Naples and Florence, but, as more doctors come, the charges must be less. The apothecary shops are little exchanges, always full of physicians and surgeons, who amuse themselves by conversation, a game of chess, or checkers—each one has his nail, on which to attach an order, if he be absent, or in case of need, the apothecary will be sure to find him. Certain shops are frequented by certain doctors, and it is there they are to be found. The doctors dress in black. When they are called to a house, they continue to come till they are paid, so that when a person does not want another visit, he has nothing to do but to calculate each visit he has had, give the amount to the doctor as he leaves the room, and he will not come until he is called. I believe, but I do not know, that the surgeon is considered inferior to the physician ; but, from everybody here believing that bleeding is good, though the charge for each may be very small, the number may make his office a lucrative one.

It seems to me, that, in Italy, all the sciences are in decay. With Italy are associated all the studies of our youth, and we expect that, on arriving there, genius, poetry, and literature will attend us, at every step ; but it is not so. Where now are its poets ? you now and then see a sonnet, in honor of the marriage of some prince, or to celebrate some christening, or the appointment of a person to some office, or written by some poor devil who expects a favor. Where is the author who dares write a fair history of the times that are, or of the times that are past ? Let Charles Botta, who dares not visit the land that gave him birth, give you an answer. He lives in Paris, and lives poor—because he has written the truth—and his book, except in Tuscany, is prohibited. There is no national character in Italy, no true liberty ; and where this is wanting, where the mind is in slavery, man and all his powers become degraded.

CASE OF FRACTURE OF THE INFERIOR MAXILLARY BONE.

[Communicated for the Boston Medical and Surgical Journal.]

I copy from my note-book the following case. March 12th, 1832, I was called to H. C., a strong active man, aged about 30 years. I arrived about midnight at the house to which he had been carried after receiving the injury. I found him in apparent stupor, from which it was difficult to rouse him, owing, probably, in part, to an excess of alcoholic stimulation to which he was accustomed. I learned from his attendants that he had attempted, on his way home from the county seat, on a public day, to ride a race, and in passing a large tree, as he himself afterwards informed me, the horse attempted to go on one side whilst he attempted to guide him to the other; his head, jaw and shoulder struck the tree, which precipitated him to the earth; his lower jaw-bone was fractured, and the face and cheek very much contused. He was bled by a dentist who happened to be on the spot, who, like many others, felt convinced that bloodletting was the only and proper remedy for a fall. When I first saw him, several hours after this, his countenance wore a horrid aspect; his face was deadly pale, although bruised and swollen, and his pulse scarcely perceptible. On examination I found his lower jaw-bone completely separated, about the situation of the right *dens cuspidatus*; the fragments had over-lapped each other nearly one inch, and the tooth which had occupied the place of the fracture was slightly adhering to one of the fractured ends of the bone. I readily and easily adjusted the bone to its proper place, and having passed a small silver wire between some of the teeth on each side of the fracture, I tied or united it firmly over the fracture. The only remaining indication was to use further means to prevent motion of the parts, and to allow his taking food at the same time. I cut a piece of thick sole leather, and so adjusted it between the teeth of both sides of the jaw as to leave a small opening for drinks or food of a liquid kind. A bandage was now passed around the crown of the head and jaw, and another around the chin and *sinciput*, so that the jaw was firmly bound in its place, admitting of no considerable motion. A spare, cooling regimen, with salts and magnesia as a purgative, were enjoined, with quiet, &c. For several days his pulse was nearly imperceptible, but gradually recovered its natural fulness and tone. *Quere.*—Was this owing to improper bloodletting, or to a concussion of the encephalon? Nothing remarkable occurred; but progressive amendment soon made it manifest that he was again sound and whole. The tooth which was loosened in the fracture grew fast in its original place, and there was no perceptible deformity left. These remarks may be thought by some as common-place and of no interest;—they are facts, and may possibly be of use to junior members of the profession, as I once heard of a similar case, not far from me, which was managed with extreme difficulty, in keeping the ends of the bone in co-aptation.

W. A. Gillespie.

Louisa County, Va. Jan. 1836.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 3, 1836.

RESEARCHES ON THE EFFECTS OF BLOODLETTING.*

To this well-executed translation of the Memoir of M. Louis, Dr. James Jackson has added a Preface, giving some account of the author and the course of his labors, and an Appendix, nearly as large as the main work, containing an analysis of thirty-four cases of pneumonia treated at the Mass. General Hospital. Tables are given, by means of which the effects of treatment in these cases may be compared with the results of M. Louis's observation.

In November, 1828, M. Louis published in the *Archives Générale de Médecine* a Memoir on the effects of bloodletting, principally with a view of exciting the attention of other physicians to the subject, which he was far from considering as settled by his own investigations. The book before us consists of a re-publication of that Memoir, with additional cases, tables, and remarks. In the first series there are given 75 cases of pneumonia, 28 of which proved fatal. In all these cases, with four exceptions, bleeding was practised more than once, and in some cases three or four times; the amount of blood drawn at each venesection, however, was from 10 to 15 ounces only. This, though in accordance with French usage, until a very late date, is so unlike our practice, that no inference as to the efficacy of the latter can be drawn from its results.

"Of the fifty successful cases, three were bled on the first day of the disease, three on the second, six on the third, eleven on the fourth, six on the fifth, five on the sixth, six on the seventh, as many on the eighth, four on the ninth; and the mean duration of the disease was, in the order pointed out, 12, 10, 20, 20, 22, 21, 19, 17 and 23 days."

"That is to say, if it were possible to establish a general proposition from so small a number of facts, it must be concluded that the antiphlogistic treatment, commenced the two first days of a pneumonitis, may very much abridge its duration; whilst after these two days it would make but little difference whether it was commenced a little sooner or a little later."

But M. Louis thinks—and he refers to his tables for proof—that had the number of cases bled on the two first days been greater, their average duration would also have been greater, and that we should more correctly estimate the utility of bloodletting, by taking, on the one hand, the cases bled within the four first days, and comparing them with those bled subsequently. The justice of this position of the author appears somewhat questionable; but we wish simply to state results, as he states them, and in this way he gives us, for the mean duration of pneumonia, 17 days in the first set of cases, and 20 in the second. In no instance was the disease *cut short* by bloodletting, as some have supposed was possible. The only treatment beside bloodletting, in the foregoing cases, was vesication. To this remedy, the author attributes but slight efficacy. His reasons are stated in connection with the secod series of cases.

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* Researches on the Effects of Bloodletting in some Inflammatory Diseases, and on the Influence of Tartarized Antimony and Vesication in Pneumonitis. By P. Ch A. Louis, Physician of the Hospital la Pitié, &c. &c. Translated by C. G. Putnam, M.D.; with Preface and Appendix by James Jackson, M.D. Physician of the Mass. General Hospital. Boston—Hilliard, Gray & Co.

Out of the 28 fatal cases, 18 were bled within the four first days of the disease, and 10 later. We have, then, 41 patients, in all, bled within the four first days, three sevenths of whom died; and 36 bled at a later period, of whom 9, or one fourth only, died. An "appalling result," to be sure, which M. Louis thinks in part explicable by the greater age of those bled during the first period. It proves, we think, that the whole number of cases tabulated is too small for any of the results to be regarded as laws.

The effects of bloodletting on the particular symptoms of pneumonia, viz. the *pain*, the *adhesive*, *rusty*, *semi-transparent sputa*, the *crepitation*, *bronchial respiration*, and *dulness on percussion* over the affected part, the *acceleration of the pulse*, *heat* and *sweating*, were carefully noted by M. Louis. The results are not more satisfactory than those which regard the duration of the disease. In no instance were these at once removed by venesection.

"Thus, the study of the general and local symptoms, the mortality and variations in the mean duration of the pneumonitis, according to the period at which bloodletting was instituted; all establish narrow limits to the utility of this mode of treatment. Should we obtain more important results, if, as is practised in England, the first bleeding were carried to syncope?"

In the second series of cases observed at la Pitié, the author says he employed bloodletting to the extent of 20 or 25 ounces or more, or even to syncope, with being decidedly more successful. His table, however, if we rightly understand it, does not show that bleeding to this extent was practised on either of the two first days, unless in one instance, though it may have been barely done on the third and fourth days. As it respects mortality, the difference between the two series is remarkable. Out of 29 cases of pneumonia, 4 only were fatal. Dividing the 25 successful cases into two classes, as they were bled before the fifth day and afterward, we have for the mean duration of the disease, in the first set, 15 days and a half, and in the second 18 days and a quarter, showing a more marked influence from bloodletting than was observed in the former cases.

To explain the remarkable difference in the mortality between the two series of cases, the ratio being 1 to 2, 79 in the first, and 1 to 7, 25 in the second, we learn that in the latter, vesication was wholly omitted, and that beside losing a larger quantity of blood, 17 of the patients who recovered took antimony in large doses, that is to say, from 4 to 12 grains a day during four to seven days. The details given by M. Louis leave no room for doubt as to the favorable influence of the antimony, and it will probably be readily admitted that neither the antimony nor vesication was employed except in severe cases. The mean duration of the 17 cases in which the former was given was 15 days, that of the 25 cases at la Charité in which blisters were used, was 22 days. From this difference, the age being in favor of the patients vesicated, our author infers that vesication is of little or no value. He says—

"I have not only rejected vesication from the treatment of pneumonitis, I have also ceased to employ it in pleurisy and pericarditis. I have treated, within five years, about one hundred and forty cases of pleurisy at la Pitié (I include here only those who were in perfect health at the time they were attacked), without having had recourse to vesication in a single instance; and they all recovered. I have had the same success in more than thirty cases of pericarditis occurring in individuals healthy up to the period of attack. It must be admitted that these facts render the utility of vesication in acute diseases of the chest still more problematical.

"I was induced to reject vesication from the treatment of acute thoracic inflammations, because, as I have before said, an attentive study and rigorous analysis of facts forced me to acknowledge that acute inflammatory affections, far from preserving from inflammation, organs which are not the primitive seat of disease, are in truth an exciting cause of inflammation; insomuch that the more severe the primitive inflammatory affection, and the more considerable the accompanying fever, the more are the secondary inflammations to be dreaded. And how, then, can we believe that the effect of a blister is to check an inflammation, when this blister is one inflammation superadded to another?"

M. Louis may be correct in his estimation of the utility of vesication, but it is purely a question of fact, and although he acknowledges the reasoning in the paragraph last quoted to be not strictly rigorous, yet he does evidently allow more weight to it than it seems to us to deserve. Does he not, in fact, beg the very question at issue?

The final results of the investigations we have been reviewing, are—1st. That bloodletting shortens the duration of pneumonia, though less than has usually been supposed. 2d. That pneumonia is never arrested at once by bloodletting in its early stages. "If an opposite opinion is maintained, it is because this disease has been confounded with another; or because, in some rare cases, the general symptoms rapidly diminish after the first bloodletting. But then the local symptoms, crepitation, &c. for the most part, continue to be developed not the less for this evacuation." 3d. That in severe cases, antimony, in large doses, has a favorable influence on the disease. 4th. That in acute thoracic disease, vesication may be dispensed with.

The author gives, in separate articles, the results of his observation in 33 cases of erysipelas of the face, 21 of which were bled and lasted 7 1-4 days on the average, 8 being the mean duration of the 12 not bled; also of 11 other cases of the same disease observed at la Pitié, 6 of which had no evacuation, sanguineous or other, and lasted 8 1-4 days, while in those who were bled the mean was 10 1-2. The disease in those not bled was very mild, less so in the others.

Of 35 cases of angina tonsillaris, 23 only were of any violence. 13 of these were bled, and their average length was 9 days; that of the others, 10 1-4 days.

Whatever may be the results of future investigations, as to the influence of large and early bleedings in pneumonia, we believe M. Louis's conclusions against its efficiency in erysipelas and angina will not be found far from the truth.

Next week we shall endeavor to present remarks on that part of the book written by our distinguished townsman, Dr. James Jackson.

ANIMAL MAGNETISM.

On Friday evening last, we attended, by invitation, a lecture on this unfathomable science, by M. Poyen, a physician of the medical faculty of Paris. It was his object, particularly, on that occasion, to detail the circumstances to be attended to on the part of the operator as well as patient. Though M. Poyen has been in this country but a comparatively short time, he articulates the English language agreeably, and gave abundant evidence of a familiar acquaintance with the history and effects of animal magnetism. Some of the cases recited were of a most extraordinary character, particularly such as related to the transmutation of fluids. That he is a scholar, and a well-educated physician, seems to be substantiated by gentlemen of the first respectability. As we may hereafter publish in the Journal the most interesting part of the lecture here alluded to, it is unnecessary to anticipate the spirit of it in these remarks. After the audience had retired, with the exception of two or three physicians, and some other gentlemen who happened to be in conversation with each other, it was announced that Mr. Nichols, editor of the Standard, then present, possessed the magnetic power. After some persuasion, a young man seated himself for the experiment. Though the process had scarcely commenced, he raised himself, and made objections against its completion, on account of a drowsiness coming on. He afterwards resumed the seat, however, and finally, to all intents and purposes, had the appearance of being in a quiet slumber! On questioning him, he said that though exceedingly drowsy, he was not wholly unconscious of external impressions.

With reference to testing the truth of an observation, that a person might be raised, in a recumbent posture, from the floor on the tip of the fore fingers of four men, if they first inflated the lungs and then expired the air all at the same moment, Mr. Nichols took the prescribed position, and to the astonishment of all present, he was lifted with the utmost ease, several times, breast high. There could be no mistake or necromancy in the business. We assisted twice—and certainly recognized nothing like the sensation produced by a heavy weight. Drs. C. T. Jackson and J. D. Fisher, equally curious and critical in their observation on the phenomena of animal magnetism, also assisted, and freely confessed that they were not sensible of sustaining any considerable burden. Mr. Nichols weighs one hundred and sixty pounds. Verily this is an age of wonders! Though we by no means intend to allow the organ of marvellousness to get the ascendancy, yet we really begin to expect a revivification of Bishop Berkley's notion, that terrestrial existence is only ideal.

MEDICINAL LEECHES.

The following notice has been sent to us for publication. The generosity manifested by the Mass. Med. Society in offering so large a premium, will doubtless induce gentlemen, not perhaps intimately connected with the profession, to commence experiments with a view to determine the point, whether leeches, of the true species, can be propagated here or not. From a recent conversation with Mr. Stone, a druggist of Roxbury, whose minute knowledge of pharmaceutical chemistry is already appreciated by the community, we are inclined to the opinion that he possesses an uncommonly accurate acquaintance with the natural history of the leech, which will enable him to pursue a series of investigation, with reference to this subject—so full of interest to physicians and the community.

"At the last meeting of the Counsellors of the Massachusetts Medical Society, a Committee was appointed to receive applications from any persons who may claim the premium of five hundred dollars offered by the Society, for the best sample of not less than one thousand leeches from a foreign stock, bred in this Commonwealth, and award the same at the expiration of seven years, if occasion should be. The following gentlemen were appointed the Committee :—

Drs. Nathaniel Miller, of Franklin. W. Channing and Benj. Shurtleff, of Boston. W. J. Walker, of Charlestown. A. L. Peirson, of Salem. E. Buck, of Malden. G. Willard, of Uxbridge. E. Mather, of Northampton. A. F. Stone, of Greenfield. D. Bemis, of Springfield. A. G. Welsh, of Lee. H. Orr, of Bridgewater. E. Alden, of Randolph. W. C. Whitbredge, of New Bedford, and J. Sampson, of Brewster.

It was voted, that the Recording Secretary renew the offer of a premium for the prolification of leeches, by publishing it together with the names of the Committee who are authorized to receive applications for the same.

JOHN HOMANS, *Recording Secretary Mass. Med. Society.*

To CORRESPONDENTS AND SUBSCRIBERS.—A paper on Abscess of the Spleen, from Batavia—Quackery, from a travelling physician—Report of the Trustees of the Med. College of Ohio—besides other favors, for our next number, are acknowledged.—☞ We feel compelled to decline the publication of an article dated Jan. 28th, from ——, not from any unfriendly feelings towards the writer, but because we are fully persuaded that it is a work of supererogation on his part.—The Title-page and Index of Vol. XIII. will be sent in a future number.

DIED—At New York, George Griswold, M.D. aged 31; Dr. Xavier Saubert, formerly known as the Fire King—killed by the explosion of a chemical mixture.

Whole number of deaths in Boston for the week ending Jan. 29, 35. Males, 16—Females, 19.

Of inflammation of the bowels, 2—measles, 2—child-bed, 1—teething, 3—brain fever, 1—pleurisy, 1—hooping cough, 1—consumption, 5—croup, 1—infantile, 5—liver complaint, 1—insane, 1—bowel complaint, 1—scrofula, 1—stoppage in the bowels, 1—burn, 1—inflammation of the lungs, 1—accidental, 1—old age, 1—disease of glands, 1—intemperance, 1—disease of spine, 1—lung fever, 2.

ADVERTISEMENTS.

SCHOOL OF MEDICINE, AT WOODSTOCK, VERMONT,

CONNECTED WITH MIDDLEBURY COLLEGE.

(*Incorporated by the Legislature of Vermont, October,* 1835, *with the power of conferring Degrees.*)

THE Annual Course of Lectures, at this Institution, will commence on the second Thursday (10th day) of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by H. H. CHILDS, M.D.
Physiology and Surgery, by WILLARD PARKER, M.D.
Chemistry and Materia Medica, by DAVID PALMER, M D.
Anatomy, by ROBERT WATTS, JR. M.D.
Medical Jurisprudence, by NORMAN WILLIAMS, A.M.
Demonstrations in Anatomy, by OTIS PERHAM.

The usual number of Lectures will be *five*, daily—besides the Demonstrations in Anatomy and occasional evening examinations. Considerable additions are now making to the Chemical Apparatus; and opportunities will be furnished to students for *practical* Anatomy, arrangements for that purpose having been made last year in the city of New York. ☞ *No subject for dissection will be received from any person, or on any terms.*

FEES for the course—$45. Graduation—$18. For those who have attended two courses, but do not graduate—$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to DAVID PIERCE, Esq. Treasurer of the Institution. Board is usually furnished at from $1,50 to $2,00 per week, including room, wood, lights, and washing.

Students are requested to come provided with two or more standard works on each of the above designated branches of study. The term will commence with Lectures on Anatomy, Chemistry, Physiology, Surgery and Materia Medica. Degrees will be conferred at the close of the Lecture Term.

Examinations will be conducted by the Medical Faculty, in presence of a delegation from the College, and a Committee appointed by the Justices of the Supreme Court, pursuant to the provisions of the act of incorporation. Requisites to an examination are, that the student produce satisfactory testimonials of moral character, and of his having studied three years with a regular practitioner; that he shall have attended two courses of public Lectures, one of which must have been at this institution; and that he shall have attained the age of 21 years. By order of the Board of Trustees,

6t E. HUTCHINSON, *Secretary.*

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